Older Albertans

1988

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Alberta
SENIOR CITIZENS SECRETARIAT

Main Floor, Centre West, 10035 - 108 Street, Edmonton, Alberta, Canada T5J 3E1 403/427-7876

June, 1989

I am very pleased to present this paper on Older Albertans which has been prepared by the Alberta Senior Citizens Secretariat. It contains demographic information about our older citizens, their use of benefits and services and public expenditures. We hope that you will find this to be helpful.

Sincerely,

Thos. N. Musgrove, M.L.A.
Bow Valley Constituency
Chairman, Provincial Senior
Citizens Advisory Council
Responsible for the Senior Citizens Secretariat

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INTRODUCTION

Purpose of Paper

The purpose of this paper is to provide current and historical information on Alberta's population aged 65 and older. The intention is to provide a descriptive overview of the demographic characteristics of seniors, the programs and services available to seniors, and the utilization and costs of these programs and services. Both projections and historical data are included to give a picture of trends over time, and to provide a base for planning for the future. This document is designed to be used by people needing current information on senior Albertans, as well as by those needing to plan for programs and services relating to seniors in the future.

Organization and Content

Section I includes demographic information on seniors living in Alberta. Where applicable, historical data are included as well as projections, to illustrate trends in the growth of this population over time. Information on age and sex, marital status, living arrangements, mother tongue, education, income, labour force activity, and health are included in this section. These data were obtained primarily from the Alberta Bureau of Statistics, Statistics Canada, and the 1986 census.

Section II presents information on the utilization of programs and services for seniors, and the public expenditures for such services. These data were supplied by the relevant administrative and funding bodies. This section helps to provide a picture of the health, social, and economic status of older people in Alberta.

Section III describes provincial structures and organizations which are involved with seniors and issues relating to aging in Alberta. Included in this section are the Alberta Senior Citizens Secretariat and the Provincial Senior Citizens Advisory Council, provincial government bodies which assist in the planning and coordination of services relevant to older people. Also included are several province-wide organizations of older people and those working with older people.

Background Information

This document is based upon six earlier papers on Alberta's senior population. Where relevant, data from these papers have been included to give an historical perspective. The latest information available has been used at all times to update this paper. Because data were collected from a number of different sources, and because of the lag time between data collection and the availability of results, data from several different years are presented.

Another limitation of this paper is that utilization data are collected in different ways by different administrative bodies in charge of the various programs. This means that results are not always comparable. Every effort has been made to standardize the results presented in this document.

Throughout this paper the terms "older persons," "senior citizens," and "elderly persons" are used interchangeably to refer to persons 65 years of age and older. Whenever possible, three sub-groups have been used, namely 65-74, 75-84, and 85 and over. The basic rationale for using these age groups is to present as accurately as possible any age-related differences within the older population. While the elderly cannot be categorized on the basis of age alone, there are some factors, such as health and income, which generally vary between age groups of seniors.

I. DEMOGRAPHIC CHARACTERISTICS

Size and Growth of the Older Population

In 1986 there were 2,697,600 persons aged 65 and over in Canada. Seniors are not equally distributed among the provinces; Ontario and Quebec have three-fifths of Canada's senior population. Alberta had 191,325 seniors in 1986, representing 7.0 per cent of Canada's seniors, and 8.1 per cent of the total population of Alberta, 2,365,825 persons (see Table I-1 and Figure I-1). As of June, 1988, according to an estimate of the Alberta Bureau of Statistics, the number of seniors had grown to 207,230, or 8.6 per cent of the population of Alberta.

The proportion of seniors within the provinces varied from a low of 2.8 per cent in the Northwest Territories to a high of 12.7 per cent in Saskatchewan. Alberta fell in the middle of this range with 8.1 per cent of the population 65 and over. Alberta is a relatively young province, in that the median age in 1986 was 29.2 years. Only Newfoundland, the Yukon and Northwest Territories had lower median ages.

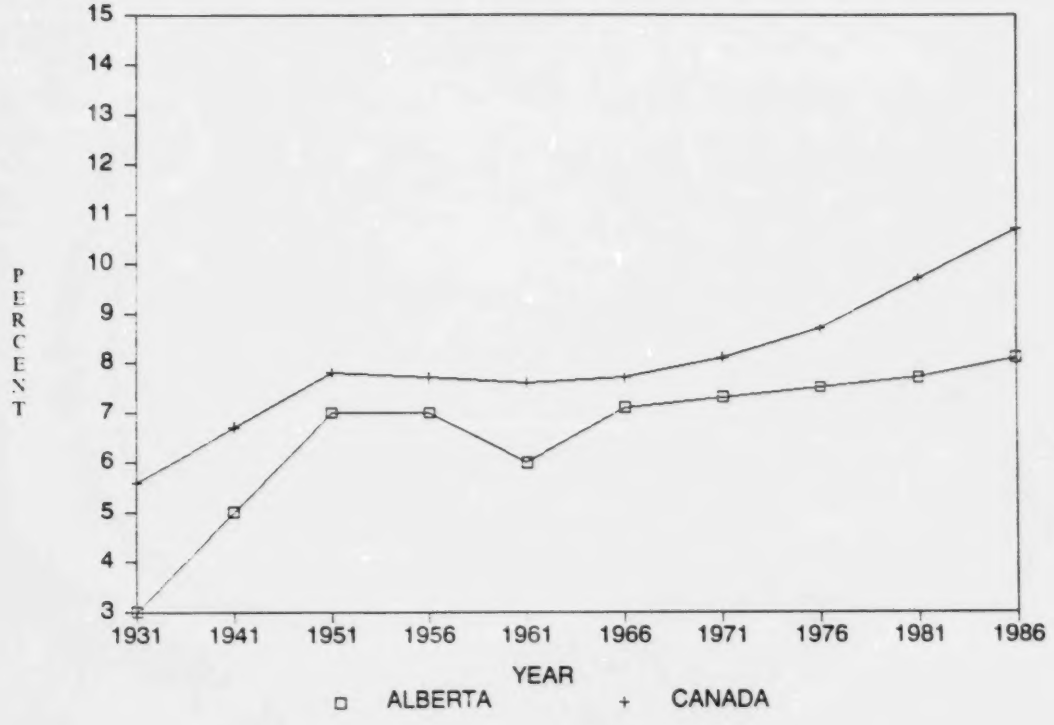
The lowest in Canada was the Northwest Territories, with a median age of 23.7 years, and the highest was British Columbia, at 33.1 years.

TABLE I-1
SENIOR POPULATION IN CANADA, PROVINCES, AND TERRITORIES, 1986

	Total Population #	Population 65+ #	Distribution of 65+ within Canada %	Percentage 65+ within Provinces %	Median Age
Canada	25,309,330	2,697,600	100	10.6	31.6
Alberta	2,365,825	191,325	7.0	8.1	29.2
Yukon	23,505	860	0.03	3.6	28.9
N.W.T.	52,240	1,465	0.05	2.8	23.7
B.C.	2,883,365	349,490	12.9	12.1	33.1
Saskatchewan	1,009,615	128,595	4.7	12.7	30.1
Manitoba	1,063,020	133,890	4.9	12.5	31.4
Ontario	9,101,695	992,700	36.7	10.9	32.3
Quebec	6,532,460	650,640	24.1	9.9	32.0
New Brunswick	709,445	78,730	2.9	11.0	30.5
Nova Scotia	873,180	103,835	3.8	11.8	31.2
P.E.I.	126,650	16,080	0.5	12.6	30.6
Newfoundland	568,350	49,965	1.8	8.7	27.9

Source: Statistics Canada, The Nation, Catalogue 93-101, September 1987.

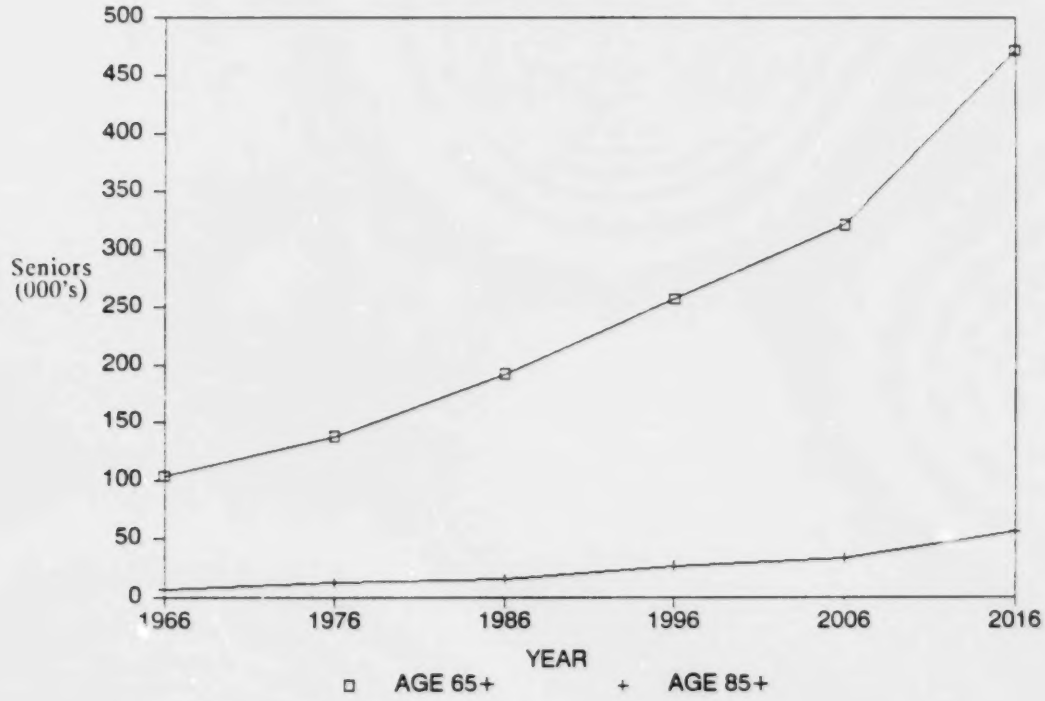
FIGURE I-1
PERCENTAGE OF TOTAL POPULATION AGE 65 AND OVER, CANADA AND ALBERTA, 1931 - 1986



Source: Statistics Canada, The Nation, Catalogue 93-101, September, 1987.

The number of seniors in Alberta has been increasing steadily, and this trend is expected to continue. Figure I-2 shows the growth in the senior population aged 65 + and 85 + from 1966 to 1986, and the projections for 1996 to 2016. The projections used in this document are Series 5, which are based on a medium growth assumption. By the year 2016, the population aged 65 and over is projected to climb to 472,000 persons.

FIGURE I-2
ALBERTA'S SENIORS AGE 65 + AND 85 +,
1966 - 1986 (CENSUS), and 1996 - 2016 PROJECTIONS*



*Projections are based on Series 5.

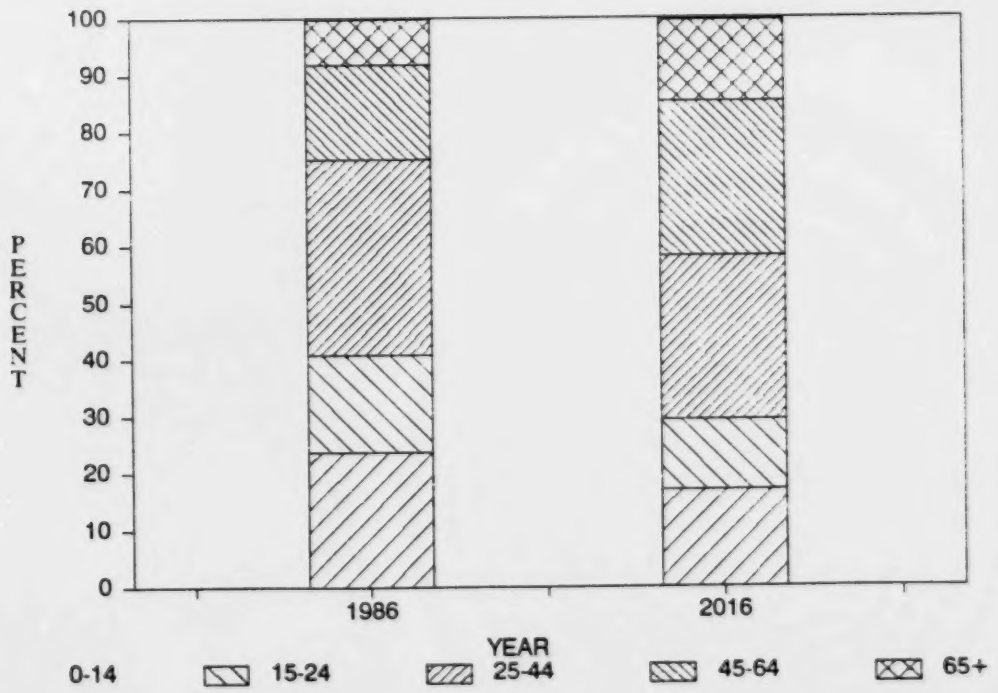
Source: Statistics Canada, The Nation, Catalogue 93-101, September 1987, and Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

The senior population is also increasing in proportion to other age groups. By 1996, the former is expected to grow to 9.8 per cent of the population of Alberta, and to increase further to 14.4 per cent by the year 2016. Figure I-3

shows the relative proportions of certain age groups in Alberta in 1986, and the projections for 2016. The age groups within the 0-44 age range are expected to decrease in proportion to the age groups 45-64 and 65+. This reflects the aging of the "baby-boom" generation, and the senior population as well.

It is interesting to note that despite these changes in proportions, the number of children and elderly relative to the working-age population (referred to as the dependency ratio) will remain constant. The elderly dependency increase (12 per cent to 21 per cent) will coincide with the child dependency decrease (35 per cent to 26 per cent); consequently the combined elderly-child dependency will remain about the same.

FIGURE I-3
ALBERTA POPULATION PER CENT DISTRIBUTION BY BROAD AGE GROUP, 1986 AND 2016



Source: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

The senior population itself is aging, and this is reflected in the increasing numbers of seniors aged 85 and over (see Table I-2). In 1986 in Alberta, the 85 + group made up 0.69 per cent of the total population and 8.5 per cent of persons age 65 and over. By 1996, this group is expected to grow to 1.03 per cent of the total population and 10.5 per cent of the senior population. By 2016 a further increase is expected, to 1.7 per cent of the general population and 11.8 per cent of the senior population (see Figures I-4 and I-5).

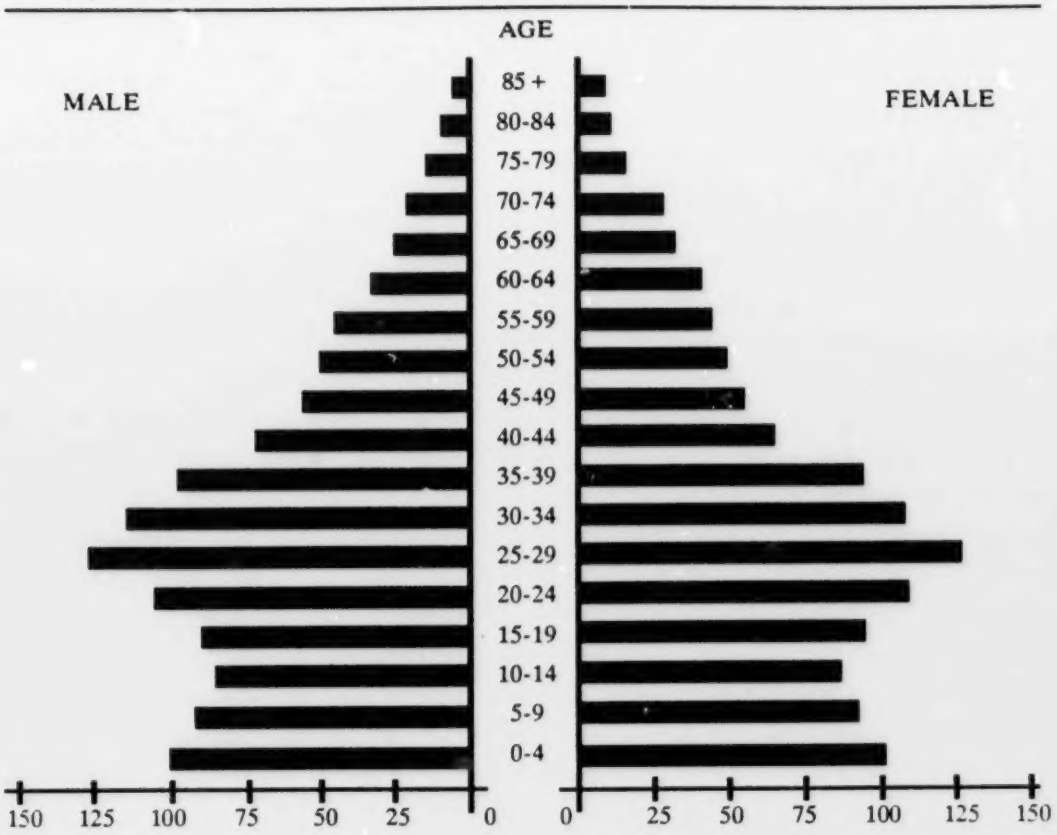
TABLE I-2
ALBERTA POPULATION 65+ AND 85+ BY SEX, 1981 - 2016*

	1981	1986	1996	2016
Male 65 +	74,250	84,140	112,800	218,200
Female 65 +	89,145	107,190	144,200	253,100
Total 65 +	163,395	191,325	256,900	471,500
Male 85 +	5,515	5,745	8,900	24,000
Female 85 +	8,665	10,625	18,200	31,900
Total 85 +	14,180	16,365	27,000	55,900

* Projections are based on Series 5.
Figures may not add up due to rounding.

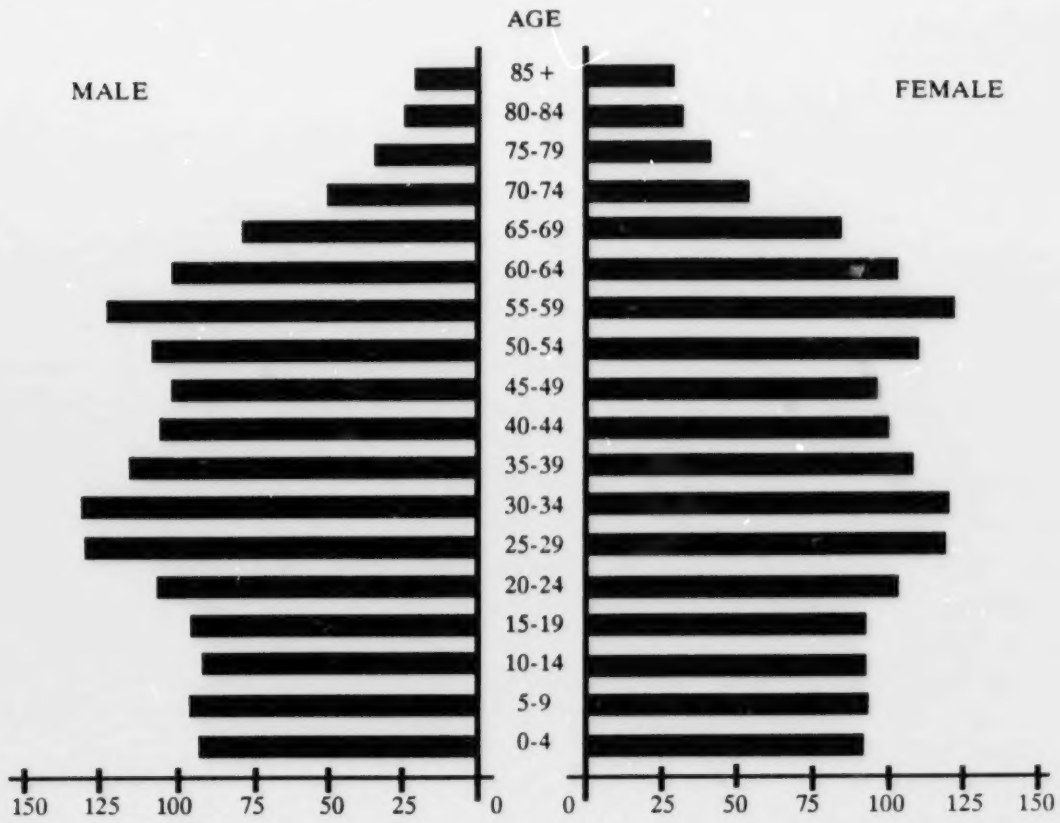
Source: 1981 and 1986: Statistics Canada Census Data, 92-901 and 93-901. 1996 and 2016: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

FIGURE I-4
POPULATION BY AGE GROUP AND SEX, ALBERTA 1986



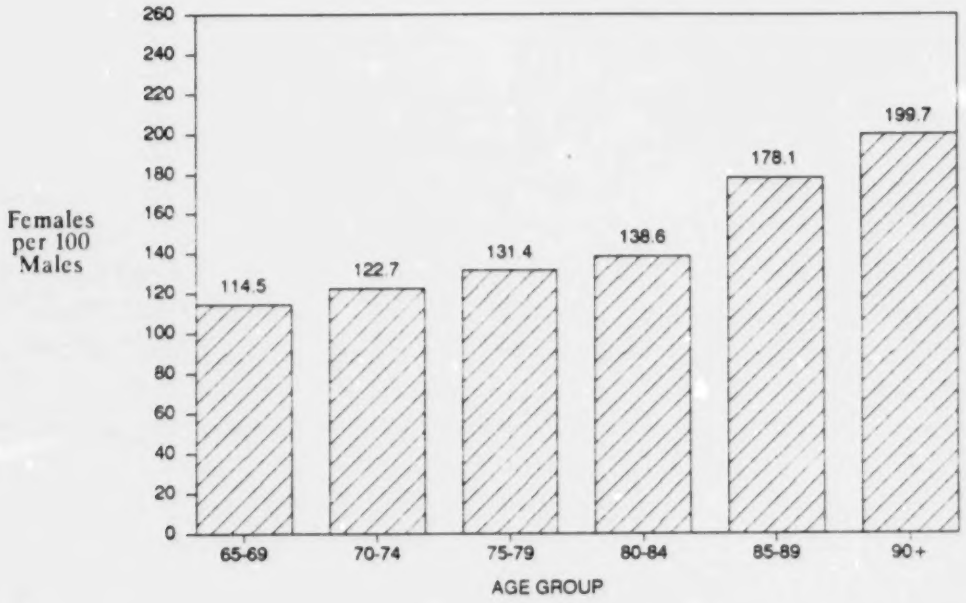
Source: Statistics Canada, The Nation, Catalogue 93-101, September, 1987.

FIGURE I-5
POPULATION BY AGE GROUP AND SEX, ALBERTA
2016 (PROJECTIONS, Series 5)



Source: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

FIGURE I-6
RATIO OF FEMALES TO MALES IN SELECTED AGE GROUPS, ALBERTA, 1986

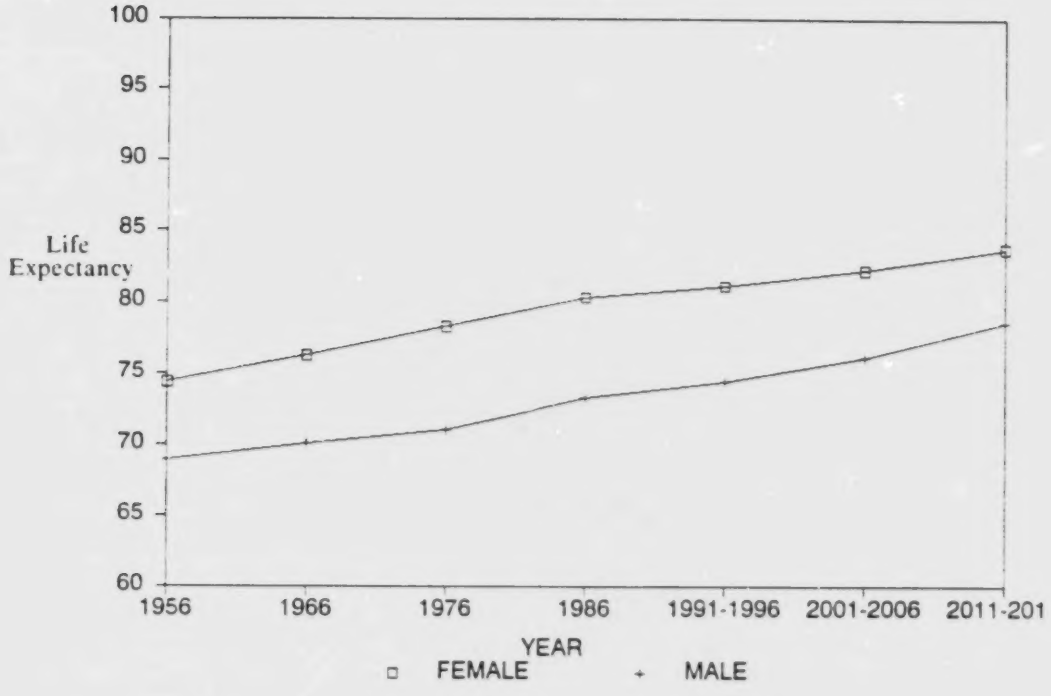


Source: Statistics Canada, The Nation, Catalogue 93-101, September, 1987.

Proportions of Men and Women

The senior population does not have equal proportions of males and females. The census of 1976 was the first time in Alberta that female seniors outnumbered male seniors. At that time there were 110 women to every 100 men aged 65 and over. By 1986 that ratio had jumped to 127 women for every 100 men. In the 85+ age group, women outnumbered men at 185 women to each 100 men (Figure I-6).

FIGURE I-7
LIFE EXPECTANCY AT BIRTH FOR MALES AND FEMALES, ALBERTA
1956-1986 (Actual) and 1991-2016 (Projections)*



* Projections are based on Series 5.

Source: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

Life Expectancy

The imbalance in the proportions of men and women in the senior population is caused by the difference in life expectancies between males and females (see Table I-3). The average life expectancy of males and females has been increasing for many years, and is expected to continue to rise. In 1986, the average life expectancy at birth was 73.2 years for males and 80.3 years for females. At age 65, the average for males was 15.3 more years of life, and for females, 20.1 years (Table I-4). By the year 2016, the average life expectancy at birth is projected to be 78.5 years for males and 83.7 years for females.

TABLE I-3
ACTUAL AND PROJECTED EXPECTATION OF LIFE, ALBERTA,
1956 - 1986 (Actual) and 1991 - 2016 (Projected)*

Year	Male	Female	Difference
1956	68.94	74.38	5.44
1961	69.57	75.55	5.98
1966	70.10	76.23	6.13
1971	70.44	77.38	6.94
1976	71.04	78.24	7.20
1981	71.98	79.09	7.11
1986	73.30	80.30	7.0
1991-1996	74.40	81.10	6.70
1996-2001	75.20	81.80	6.60
2001-2006	76.10	82 20	6.10
2006-2011	77.20	83.00	5.80
2011-2016	78.50	83.70	5.20

*Projections are based on Series 5.

Source: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

This projected increase will result largely from medical and health-related advances which prolong the average life span. In contrast, much of the increase in life expectancy in the past has been due to decreased infant mortality, which dropped from about 40 per 1,000 in the 1950s to less than 10 per 1,000 in the 1980s.

While the life expectancies of both men and women will continued to rise, the gap between men and women is expected to narrow, so that the proportion of older males in the population will rise (see Figure I-7).

TABLE I-4
LIFE EXPECTANCY AT AGE 0, 65, 80 AND 85, ALBERTA
1980-82 and 1984-86

		Year	
		1980-1982	1984-1986
Age 0	Male	71.96	73.2
	Female	79.06	80.3
Age 65	Male	14.98	15.3
	Female	19.17	20.1
Age 80	Male	6.97	6.8
	Female	8.91	9.9
Age 85	Male	5.07	4.6
	Female	6.42	7.3

Source: 1980-82: Statistics Canada, Life Tables, Canada and Provinces, 1980-1982, Catalogue 84-532.
1984-1986: Alberta Bureau of Statistics.

Marital Status

In 1986, there were great differences in marital status according to age and sex (see Table I-5). About three-quarters of male seniors over 65 were married, and even in the 85 + age group half were married. Women, on the other hand, were most often widowed. This is due to the greater longevity of women, and the cultural practice of women having spouses older than themselves.

Fifty per cent of women 65 and over were widowed, and among those age 85 +, 86 per cent were widowed. Very few seniors were divorced or separated from their spouses, about 1 to 5 per cent of the senior population. These differences in marital status between age and sex groups result in important differences in the living arrangements of seniors.

TABLE I-5
POPULATION 65 + AND 85 + BY MARITAL STATUS AND SEX, ALBERTA, 1986

	Marital Status					
	Single %	Married %	Widowed %	Divorced %	Sep. %	Total %
65 + Males	8	74	13	3	2	100
65 + Females	5	41	50	3	1	100
85 + Males	9	50	39	2	-	100
85 + Females	4	9	86	1	-	100

Source: Statistics Canada, 1986 Census Summary Tabulations, July 1987, and The Nation: Age, Sex and Marital Status, Catalogue 93-101, September 1987.

TABLE I-6
RESIDENTIAL STATUS OF SENIORS, ALBERTA, 1986

Age	Sex	Private Households %	Collective Dwellings %
65-74	Male	96	4
	Female	97	3
	Total	97	3
75 +	Male	83	17
	Female	76	24
	Total	79	21
Total 65 +	Male	91.5	8.5
	Female	88	12
	Total	90	10

Source: Statistics Canada, 1986 census.

Living Arrangements

The majority of Alberta's seniors live in private households, either with family or alone, and only a small proportion live in collective dwellings. (Collective dwellings include lodges, hospitals, nursing homes, orphanages, penal institutions, religious institutions, hotels, motels, rooming houses, work camps, military camps, and Hutterite colonies.) Table I-6 shows the proportions of seniors living in private and collective dwellings, broken down by age and sex. The percentage of seniors living in private households decreases with age, from 97 per cent in the 65 to 74 year old age group to 79 per cent in the 75+ age group. As well, there are differences between males and females in living arrangements. In most age groups a larger proportion of males than females live in private households. Among all seniors, 91.5 per cent of males live in private households, compared to 88 per cent of females. This difference becomes more pronounced in older age groups.

Among those living in private households, the majority lived in single, detached houses. Table I-7 shows the types of dwellings occupied by seniors in 1986. As seniors age, the proportion living in apartments rather than houses increased. The proportion of seniors in private households living in houses decreased from 72 per cent in the 65 to 74 age group to 64 per cent in the 85+ age group.

TABLE I-7
TYPE OF DWELLING BY AGE OF HOUSEHOLD MAINTAINER (PRIVATE DWELLINGS ONLY), ALBERTA, 1986

Dwelling Type	Age			
	65-74 %	75-84 %	85 + %	65 + %
Single, detached house	72	65	64	69
Apartment, 5 or more floors	7	12	14	9
Movable dwelling	2	1	1	2
Other	19	22	24	20
Total**	100	100	100	100

* Totals may not add up due to rounding.
**100 per cent does not include seniors living in collective dwellings.
Source: Statistics Canada, 1986 Census.

Table I-8 shows the proportions of seniors living in private dwellings who own or rent their dwellings. The proportion renting increases with age, from 24 per cent in the 65 to 74 age group to 37 per cent in the 85+ age group.

TABLE I-8
PRIVATE DWELLINGS BY AGE OF HOUSEHOLD MAINTAINER
(PRIVATE DWELLINGS ONLY, ALBERTA, 1986)

Tenure Type	Age			
	65-74 %	75-84 %	85 + %	65 + %
Owned	76	67	64	72
Rented	24	33	37	28

Source: Statistics Canada, 1986 census.

Seniors have many different types of living arrangements; these are shown in Table I-9. The living arrangements are broken down into three major groupings:

A. Living in nuclear family, private households: This includes seniors living with their own parents, spouse, or unmarried children, or seniors living with a nuclear family other than their own. This could include a person living with a married child, another related family, or an unrelated family.

B. Living in non-nuclear family, private households: This includes all seniors living in private households which do not include a nuclear family. A senior living with a sibling, friend, one or more relatives or non-relatives, or living alone would fall into this category.

C. Living in collective dwellings: This includes all persons living in a dwelling of a commercial, institutional, or communal nature, such as hospitals, nursing homes, lodges, orphanages, penal institutions, religious institutions, hotels, rooming houses, work or military camps, Hutterite colonies, etc.

The proportion of seniors living in family households decreases with age, and the proportion living in non-family households and collective dwellings increases. For all seniors in Alberta, 74 per cent of males and 48 per cent of females lived in family households, 18 per cent of males and 41 per cent of females lived in non-family households (this includes persons living alone); 9 per cent of males and 12 per cent of females lived in collective dwellings. Males were most likely to live in family households, while the majority of females lived in non-family situations or collective dwellings.

TABLE I-9
LIVING ARRANGEMENTS OF SENIORS IN PRIVATE HOUSEHOLDS AND COLLECTIVE DWELLINGS, BY AGE AND SEX, ALBERTA, 1986

Living Arrangement	Age and Sex					
	65-74		75 +		Total 65 +	
	M	F	M	F	M	F
	%	%	%	%	%	%
A) Living in Nuclear Family Private Households:						
- wives	N/A	52	N/A	20	N/A	39
- husbands	77	N/A	57	N/A	70	N/A
- lone parents	1	4	2	4	1	4
- children in families *1	0.1	0.1	0.02	0	0.07	0.07
- non-family persons *2	2	4	3	6	2	5
- total	80	60	62	30	74	48
B) Living in Non-Nuclear Family Private Households:						
- with immediate relative(s)	1	1	1	1	1	1
- with other relative(s)	1	2	1	3	1	2
- with non-relative(s)	1	1	1	1	1	2
- living alone	13	32	17	41	15	36
- total	16	37	20	47	18	41
C) Living in Collective Dwellings:						
- in hospitals	1	0.3	2	2	1	1
- in homes for elderly and chronically ill	2	2	15	21	7	10
- in hotels, motels, rooming houses, etc.	0.3	0.1	0.4	0.1	0.4	0.1
- in other collective dwellings	0.3	0.5	0.2	0.5	0.3	0.5
- total	3	3	17	24	9	12
D) Total of All Living Arrangements:	100	100	100	100	100	100

* Totals may not add up due to rounding.

* 1 Seniors living with their own parents.
* 2 Seniors living with a nuclear family other than their own.

Source: Statistics Canada, 1986 Census.

There was very little change in seniors' living arrangements between 1981 and 1986. However, the number of seniors living in collective dwellings decreased from 12.8 per cent to 10.2 per cent during those years. There was a slightly bigger percentage drop of those age 65-74 than of those age 75 and over living in collective dwellings (Table I-10).

TABLE I-10
PERCENTAGE OF 65-74, 75+ AND 65+ IN COLLECTIVE DWELLINGS, ALBERTA, 1971, 1976, 1981, 1986

Age Groups	1971 %	1976 %	1981 %	1986 %
65-74	7.3	6.7	5.7	3.4
75+	22.6	24.4	24.0	20.8
65+	13.3	13.4	12.8	10.2

Source: Census of Canada: 1971, 1976, 1981, 1986.

Of those in private households, the incidence of seniors living as non-family persons in family households (that is, a senior living with a nuclear family other than his/her own) decreased slightly for males and females in each age group, and decreased dramatically for women age 85+. For these women, the proportion dropped from 17.6 per cent in 1981 to 13 per cent in 1986. The percentage of seniors living alone increased six percentage points for women and stayed the same for men. Table I-11 compares the living arrangements of seniors only in private households in 1981 and 1986.

Collective dwelling is a term used by the census to cover dwellings of a communal, institutional or commercial nature such as hotels, lodges, nursing homes, auxiliary hospitals or rooming houses; it also includes people staying in active treatment or psychiatric hospitals for 6 months or longer. In Alberta almost all these persons are in lodges, nursing homes or hospitals. In 1986 only 6 per cent of all those in collective dwellings were in hotels, rooming or boarding houses, etc.

TABLE I-11
COMPARISON OF SENIORS' LIVING ARRANGEMENTS, ALBERTA, 1981 AND 1986 (SENIORS IN PRIVATE HOUSEHOLDS ONLY)*

Arrangement	Age	1981 M %	1981 F %	1986 M %	1986 F %
A) Family households					
- spouse or lone parent	65-74	80.7	56.6	82	57
	75-84	72.0	34.0	73	34
	85+	59.0	21.1	60	17
- living with their own parents	65-74	0.1	0.1	0.2	0.1
	75-84	0	0.02	0	0
	85+	0	0	0.1	0
- non-family persons	65-74	2.1	4.6	2	4
	75-84	3.8	8.4	3	7
	85+	9.6	17.6	8	13
- total in family households	65-74	83.0	61.3	83	62
	75-84	75.7	42.4	76	40
	85+	68.8	38.7	70	32
B) Non-family households					
- living with relatives	65-74	2.0	3.6	2	3
	75-84	2.4	5.0	2	5
	85+	3.5	9.3	3	9
- living with non-relatives	65-74	1.5	2.0	1	1
	75-84	1.9	2.0	2	2
	85+	2.6	2.0	2	1
- living alone	65-74	13.5	33.0	14	33
	75-84	19.9	50.5	20	53
	85+	25.4	49.8	25	56
- total in non-family households	65-74	17.0	38.6	17	38
	75-84	24.3	57.5	24	60
	85+	31.3	61.3	30	68

Source: Statistics Canada, 1986 census.

* Note: This does not include seniors living in collective dwellings.

Mother Tongue and Ethnic Origin

The latest information available on ethnic origins is from the 1981 census. In Alberta in 1981, the majority of the senior population (47.5 per cent) stated their ethnic background as British. The next most common groups were German (13 per cent) and Ukrainian (10 per cent) (see Table I-12).

A similar situation is shown in the information on mother tongue or native language. The three most common responses for mother tongue among seniors in 1986 were: English (63.7 per cent), German (7.7 per cent), and Ukrainian (7.3 per cent). Table I-13 shows the various responses.

The 1981 census collected information on the mother tongue and home language of seniors in Alberta. Among those whose mother tongue was neither English nor French, 56 per cent reported speaking English as their home language. Thus, a total of 82 per cent of seniors in Alberta reported English as their home language. Sixteen per cent reported their home language as neither English nor French and 2 per cent reported speaking French at home.

TABLE I-12
ETHNIC ORIGINS OF POPULATION 65+, ALBERTA, 1981

Ethnic Origin	%
British	47
German	13
Ukrainian	10
Scandinavian	6
French	4
Dutch	3
Polish	3
Other	14
	100 %

Source: Statistics Canada, Population, Catalogue 93-933, Vol. 2, 1981 census.

TABLE I-13
MOTHER TONGUE OF POPULATION 65 +, ALBERTA, 1986

Mother Tongue	%
English	63.7
German	7.7
Ukrainian	7.3
English and other	5.4
French	2.7
Scandinavian	2.0
Chinese	1.7
Polish	1.4
Dutch	1.3
Hungarian	0.7
Italian	0.7
Cree	0.5
Other	5.0
	100.0%

Source: Statistics Canada, The Nation: Language, Part 1. Catalogue 93-102, 1986 census.

Level of Education

Among the Albertan population age 65 and over, the largest proportion had some secondary school education or less (see Table I-14). Sixty-six per cent of seniors age 65 to 74 fell within this category, and 76 per cent of those 75 and older. The average level of education was higher for the younger age group than for the 75 + group.

TABLE I-14
LEVEL OF EDUCATION FOR POPULATION 65 +, ALBERTA, 1986

	Age		
	65-74 %	75 + %	Total 65 + %
Some secondary or less	66	76	69
Secondary graduation	6	3	5
Some post-secondary or trades certificate	15	11	14
Post-secondary degree or diploma	8	6	8
University degree	5	3	4
	100	100	100

Source: Statistics Canada, 1986 Census, 20 per cent sample of persons 65 and over not living in institutional collective dwellings.

Employment

In 1986, 12 per cent of senior Albertans were in the labour force: 21 per cent of the men and 6 per cent of the women.[1]

Income

The information in Section II on the utilization of the federal and provincial income support programs for seniors gives a picture of the income status of older Albertans. In addition, there is information on reported income level in a 20 per cent sample of persons not living in collective dwellings by age of "household maintainer."

The average household income reported (in 1985 dollars) for those age 65 and over was $23,823 and the median income reported $16,481. In 1981 these figures were: average $23,562, median $15,515.[2]

1 Statistics Canada, 1986 census, 20 per cent sample of persons 65 and over not living in institutional collective dwellings.
2 Statistics Canada, 1986 census.

Urban/Rural Distribution

Table I-15 shows the change between 1966 and 1986 in the urban/rural distribution of seniors. An increasing proportion of older people were living in urban areas, an 11 percentage point increase while the percentage living in farm areas dropped quite dramatically. During the same period of time the proportion of seniors in urban areas increased from 6 to 8 per cent (Table I-16).

Migration Patterns

In 1987/88, 1,805 Alberta seniors moved to other provinces, and 2,355 seniors from other provinces moved to Alberta. There were 513 persons age 65 and over who immigrated to Alberta from other countries, and 146 persons in this age group left Alberta to move to other countries.[3]

TABLE I-15
URBAN/RURAL DISTRIBUTION OF POPULATION 65+ AND 85+, ALBERTA 1966 AND 1986

Residence	1966		1986	
	% 65+	% 85+	% 65+	% 85+
Urban	68.4	75.8	79.2	85.5
Rural	16.8	15.1	15.5	12.4
Farm	14.8	9.1	5.3	2.1

Sources: Statistics Canada, 1966 Census, 1986 Census.

TABLE I-16
PERCENTAGE 65+ AND 85+ OF TOTAL POPULATION IN URBAN, RURAL NON-FARM, AND RURAL FARM AREAS, ALBERTA, 1966 AND 1986

Residence	1966		1986	
	% 65+	% 85+	% 65+	% 85+
Urban	6.6	.52	8.1	.74
Rural Non-Farm	9.1	.59	9.6	.65
Farm	5.2	.23	5.6	.19

Sources: Statistics Canada, 1966 Census, 1986 Census.

3 Statistics Canada, Postcensal Annual Estimates Catalogue 91-210, December 1988.

Health Status

The average life span has been increasing among men and women. Has the increased life expectancy given seniors more healthy years or a longer period of illness and disability? These are very important questions in the field of gerontology, and are difficult to answer. Palmore reports substantial and consistent improvements in the relative health of American seniors between 1961 and 1981.[4] Canadian demographers Stone and Fletcher point out improvements in the health practices of older Canadians,[5] and McDaniel writes that "older Canadians are becoming healthier, living longer, adjusting to their chronic illnesses better and finding new approaches to any long-term care needs that arise."[6] In general, the majority of Canadian seniors report satisfactory or good health, and the majority of seniors (probably about 80 per cent) are capable of living independently and are able to care for themselves. A number of indicators of the health of senior Albertans will be discussed here.

The Statistics Canada General Social Survey of 1985 collected information on the health status of non-institutionalized Canadians. On average, seniors in Alberta reported good health (see Table I-17). Of those age 65 to 74, 70 per cent reported excellent or good health, as did 61 per cent of seniors 75 and older. Only 11.3 per cent in the 65 to 74 age group and 15.7 per cent in the 75 + age group reported poor health.

4 E. Palmore (1986). "Trends in the Health of the Aged." The Gerontologist, XXVI(3):298-302.

5 L. O. Stone and S. Fletcher (1986). The Seniors Boom: Dramatic Increases in Longevity and Prospects for Better Health. (Catalogue No. 89-515). Ottawa: Minister of Supplies and Services.

6 S. McDaniel (1986). Canada's Aging Population. Toronto and Vancouver: Butterworths.

TABLE I-17

SELF-RATED HEALTH STATUS OF SENIORS, ALBERTA, 1985

	Age		
	65-74 %	75 + %	Total 65 + %
Excellent	24.4	12.1	16.6
Good	45.6	48.7	47.6
Fair	18.7	23.5	21.8
Poor	11.3	15.7	14.0
	100.0	100.0	100.0

Source: Alberta Bureau of Statistics, General Social Survey: Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

There were variations in reported health status among persons of different education levels. Those with higher levels of education were more likely to report excellent or good health than those with less education. This difference was especially noticeable in the age group 65-74, where 64 per cent of those with some secondary education or less reported excellent or good health compared to 83 per cent of those with post secondary degrees or diplomas.

Respondents reported the number of disability days (short-term activity limitations resulting in bed-days or days lost from usual activity) they had in the two weeks prior to the survey (see Table I-18). In the 65 to 74 age group, 81.5 per cent reported no disability days, 1.0 per cent one day, 2.6 per cent two days, 14.9 per cent three or more days. Among those age 75 and older, 80.4 per cent reported 0 days, 4.3 per cent one day, 2 per cent two days, and 13.4 per cent three or more days. Thus, over three-quarters of seniors had no disability days in the two weeks prior to the survey.

TABLE I-18
NUMBER OF DISABILITY DAYS IN TWO-WEEK PERIOD FOR POPULATION 65+, ALBERTA, 1985

	Age	
Days	65-74 %	75+ %
0	81.5	80.4
1	1.0	4.3
2	2.6	2.0
3 or more	14.9	13.4
	100.0%	100.0%

Source: Alberta Bureau of Statistics, General Social Survey: Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

Table I-19 shows the reported activity levels of seniors. About half of the seniors age 65-74 reported being "moderately active," and an additional 13 per cent responded that they were "active." Only 34 per cent were "sedentary." Even in the 75+ age group, 63 per cent were active or moderately active, and only 37 per cent were sedentary.

TABLE I-19
REPORTED ACTIVITY LEVELS OF SENIORS, ALBERTA, 1985

	65-74 %	75+ %
Sedentary	34	37
Moderately Active	51	55
Active	13	8
Not Stated	2	-
	100%	100.0%

Source: Alberta Bureau of Statistics: General Social Survey, Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

There were differences in the reported activity levels between health status groups. Seventy-six per cent of those over 55 years of age reporting excellent health were moderately active or active, as were 68 per cent of those with good health, 54 per cent with fair health, and 49 per cent reporting poor health. This

indicates that better health is associated with higher activity levels, although it gives no indication of causality.

The General Social Survey asked seniors about any limitations to activity they might have. Table I-20 shows the results. The majority in both age groups responded that they had no limitations or some limitations. Only 5 per cent of those 65 to 74 and 10 per cent of seniors 75 + reported major limitations.

TABLE I-20
DEGREE OF ACTIVITY LIMITATION FOR POPULATION 65 +, ALBERTA, 1985

	Age	
	65-74 %	75 + %
None	31	27
Some	44	43
Moderate	17	18
Major	5	10
Unknown	4	2
	100%	100.0%

Source: Alberta Bureau of Statistics: General Social Survey, Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

The Statistics Canada Health and Activity Limitation Survey collected information during 1986 and 1987 on the type and severity of disabilities among Canadians. The survey included persons in private households, collective dwellings, and Indian reserves.

A disability was defined for this survey as:

In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.[7]

Disabilities were separated into six categories according to their nature: 1) mobility (limited in ability to walk, move from room to room, carry an object for 10 meters, or stand for long periods), 2) agility (limited in ability to bend,

7 Adopted from: International Classification of Impairments, Disabilities and Handicaps. World Health Organization, 1980, p. 143.

dress, or undress oneself, get in and out of bed, cut toenails, use fingers to grasp or handle objects, reach, or cut own food), 3) seeing (limited in ability to read ordinary newsprint or to see someone from four meters, even when wearing glasses), 4) hearing (limited in ability to hear what is being said in conversation with one other person, or two or more persons, even when wearing a hearing aid), 5) speaking (limited in ability to speak and be understood), 6) other (limited because of a learning disability or emotional or psychiatric disability, or because of a developmental delay).

Using this definition of disability, Table I-21 shows the number of disabled persons in Alberta over age 65 in 1986/87. It should be noted that this definition of disability covers a wide range of problems which can vary in severity and disruptiveness. The disability rate was slightly higher for males than females in the 65 + age group, and considerably higher for males in the 85 + group. The percentage of seniors reporting disabilities increased with age. For men and women age 65 and older, 47 per cent had disabilities. For those age 85 and older, 78 per cent reported disabilities.

TABLE I-21
TOTAL POPULATION AND DISABLED POPULATION 65 +, ALBERTA, 1986/87

	Male	Female	Total
Total Population 65 +	83,625	106,720	190,345
Total Disabled Population 65 +	40,580	49,655	90,235
Percentage of Total	48.5%	46.5%	47.4%
Total Population 85 +	5,745	10,625	16,365
Total Disabled Population 85 +	5,090	7,640	12,730
Percentage of Total	88.6%	71.9%	77.8%

Source: Statistics Canada, Health and Activity Limitation Survey: Selected Data for Canada, Provinces, and Territories. Catalogue 41034, May 1988.

Despite this high rate of disability, 81 per cent of the disabled persons age 65 and over lived in households, as did 46 per cent of the disabled persons age 85 and over. Table I-22 shows the residential status of disabled seniors in Alberta. In all age groups there were consistently more males living in households and more females living in institutions. The percentage of disabled persons living in institutions gradually increased with age, from 5 per cent in the 65-69 age group to 54 per cent in the 85 + age group.

TABLE I-22
RESIDENTIAL STATUS OF DISABLED PERSONS 65+, ALBERTA, 1986/87

Age		Living in Households %	Living in Institutions %
65-69	Male	94	6
	Female	95	5
	Total	95	5
70-74	Male	93	7
	Female	92	8
	Total	92	8
75-79	Male	85	15
	Female	83	17
	Total	84	16
80-84	Male	76	24
	Female	68	32
	Total	71	29
85+	Male	61	39
	Female	35	65
	Total	46	54
65+	Male	85	15
	Female	77	23
	Total	81	19

Source: Statistics Canada, Health and Activity Limitation Survey: Selected Data for Canada, Provinces, and Territories, Catalogue 41034, May 1988.

The Statistics Canada General Social Survey gathered information on the types of activities for which seniors said they needed help. Table I-23 shows that, for both older and younger seniors, yard work and heavy housework, followed by grocery shopping, were the major needs.

TABLE I-23
POPULATION AGE 65-74 AND 75 + ABILITY TO CARRY OUT SELECTED ACTIVITIES, ALBERTA 1985

Age 65-74	Do Alone %	Could Do Alone %	Needs Help %	Total %
Yard Work	32.6	31.2	36.3	100
Heavy Housework	40.6	38.2	21.2	100
Light Housework	65.7	28.8	5.5	100
Meal Preparation	54.4	39.3	6.3	100
Grocery Shopping	44.3	44.6	10.6	100
Money Management	82.4	13.0	4.5	100
Personal Care	98.3	0.4	1.2	100t

Age 75 +	Do Alone %	Could Do Alone %	Needs Help %	Total %
Yard Work	29.3	22.1	48.7	100
Heavy Housework	43.2	18.4	38.3	100
Light Housework	53.0	30.0	17.0	100
Meal Preparation	53.6	22.7	23.7	100
Grocery Shopping	35.0	34.5	30.5	100
Money Management	74.7	9.4	15.9	100
Personal Care	89.6	0.4	10.0	100

Source: Alberta Bureau of Statistics: General Social Survey, Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

Causes of Death

Since 1976 the gap between male and female life expectancy has been narrowing. In recent years the mortality rate for males has been decreasing at a greater rate than that for females.[8] Table I-3 (p. 13) shows this gap increasing from 1956 to 1976, and then narrowing again. By the time period 2011-2016, the difference between male and female life expectancies is projected to drop to 5.2 years from its 1986 position of 7.0 years.

8 F. Trovato and G. Lauris (1987). Mortality Trends of Middle-Aged and Elderly Albertans, 1951-81. Department of Sociology, University of Alberta.

The leading cause of death for Albertans over age 65 for 1986 was heart disease. Table I-24 shows the five leading causes.

TABLE I-24
LEADING CAUSES OF DEATH FOR 65+, ALBERTA, 1986

Cause	#	%
Heart Disease	3,073	34.9
Malignant Neoplasm	2,019	22.9
Cerebrovascular	1,253	14.2
Respiratory Diseases	938	10.7
Other	1,515	17.3
	8,798	100.0%

Source: Alberta Community and Occupational Health, Vital Statistics: Vital Statistics Annual Review 1986.

II. UTILIZATION OF PROGRAMS AND SERVICES

Services and benefits for older persons are provided by municipal, provincial, and federal governments as well as by voluntary organizations and businesses. The information in this section is based on the utilization of these programs by seniors and the public expenditures for the programs. This is intended to give an indication of the needs of older persons, and of their health, social, and economic status.

A. GENERAL PROGRAMS AND SERVICES

Income Support Programs

Old Age Security and Guaranteed Income Supplement

Income support programs are intended to ensure the economic independence of older persons. The federal government provides the Old Age Security program (OAS) and the Guaranteed Income Supplement program (GIS).

OAS benefits are available to all persons age 65 and older who meet residency requirements. Approximately 98 per cent of Alberta's seniors qualify for OAS benefits. GIS is provided to those seniors who report little or no income other than OAS benefits. The amount of a GIS benefit depends on marital status and the level of family income, not on assets.

The number of OAS recipients has been increasing, but there has been a steady decrease in the percentage receiving income supplementation. As well, the number and percentage of seniors reporting no outside income and therefore receiving the maximum guaranteed income supplement (GIS Max) has been decreasing. Table II-I shows the number of Albertan seniors receiving OAS, GIS, and GIS Max from 1975 to 1988. Figure II-1 shows that the rate of increase between OAS benefits and GIS benefits is very different. Since 1975, the number of people receiving OAS benefits has increased by 56 per cent, while the number of people receiving GIS benefits has increased by only 24 per cent.

TABLE II-1

NUMBER OF RECIPIENTS OF OLD AGE SECURITY (OAS), GUARANTEED INCOME SUPPLEMENT (GIS), MAXIMUM GUARANTEED INCOME SUPPLEMENT AND PERCENTAGE OF SUPPLEMENTATION, ALBERTA, 1975 - 1988

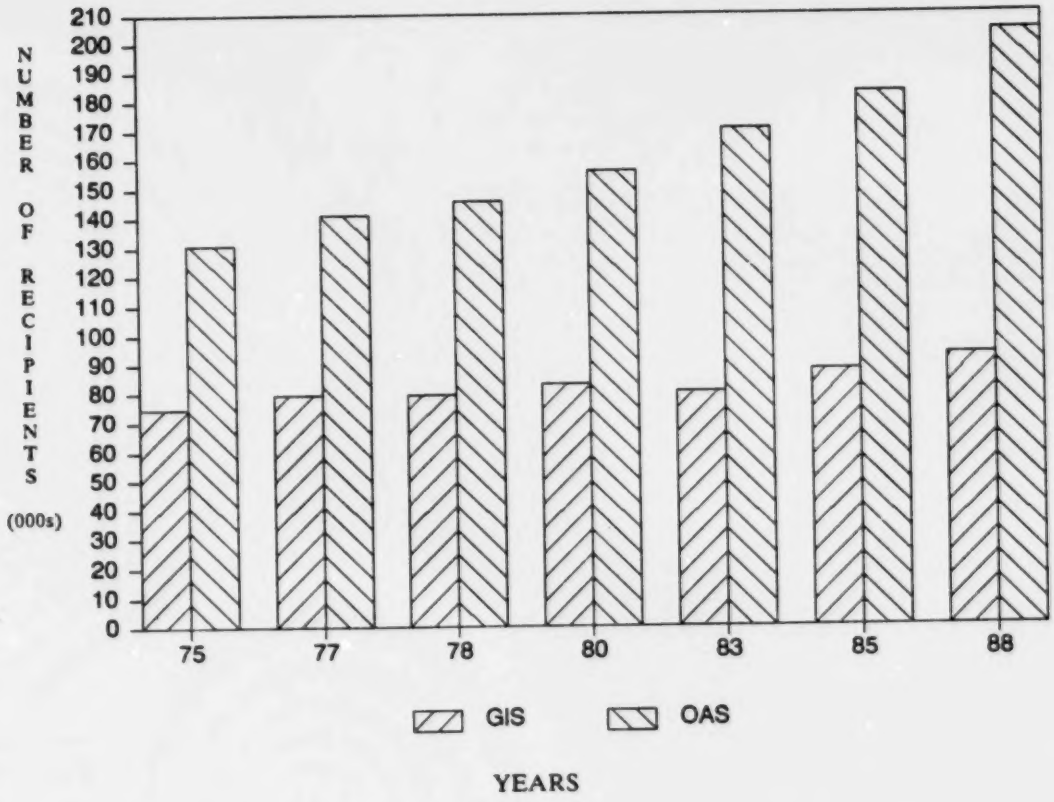
	OAS #	GIS #	GIS/OAS %	MAX/GIS #	MAX/ GIS/OAS %
August 1975	130,868	74,864	57.2	29,810	22.8
December 1977	141,115	79,551	56.4	27,560	19.5
December 1978	145,709	79,515	54.6	26,043	17.9
December 1980	155,923	82,980	53.2	23,028	14.8
December 1983	170,161	80,213	47.1	18,366	10.8
December 1985	183,017	87,570	47.8	17,674	9.7
December 1987	197,661	91,603	46.3	16,627	8.4
December 1988	204,135	92,756	45.4	15,869	7.8

Source: Health and Welfare Canada.

Information from 1988 shows that there are great differences between age and sex groups in the percentage of pensioners receiving supplementation. Figure II-2 shows these relative percentages. We see that females were more likely to receive GIS than males, and that the proportion of males and females receiving supplementation increased with age.

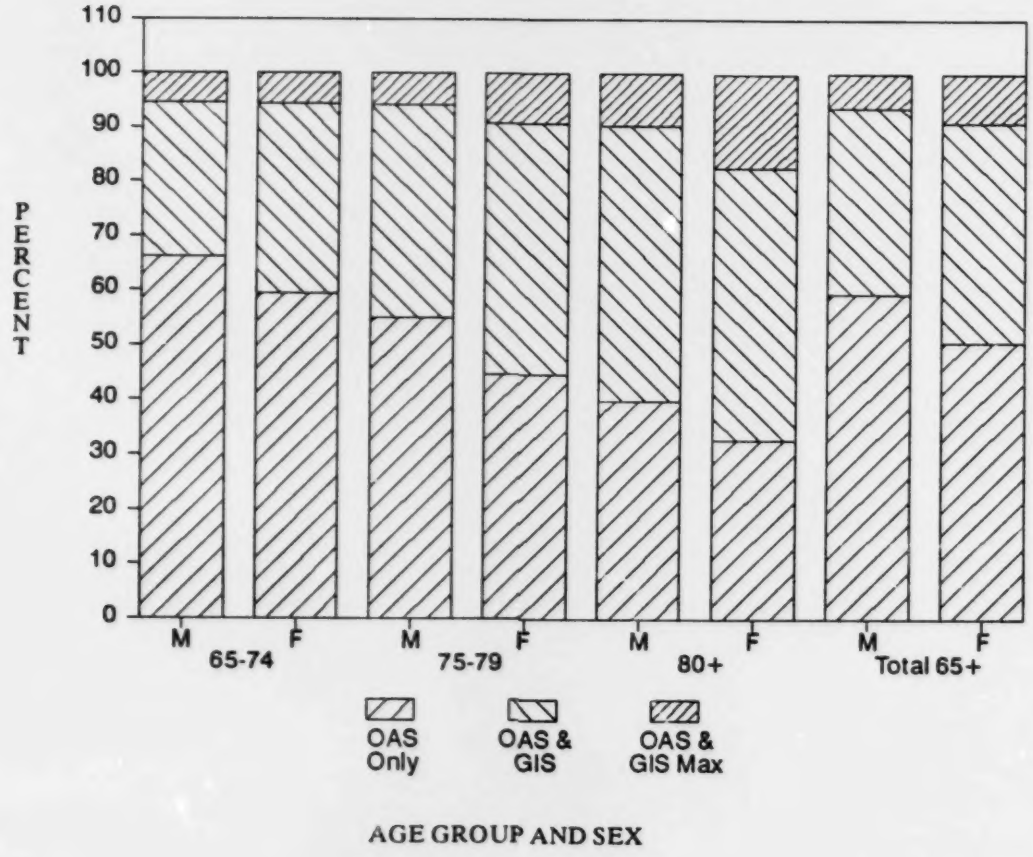
Of those receiving maximum supplementation, 35 per cent were male and 65 per cent were female. When broken down by marital status, the majority were single (70 per cent single, 29 per cent married, and 1 per cent separated). When divided by age, the largest percentage of GIS Max recipients were age 80+ (23 per cent age 65-69, 20 per cent 70-74, 19 per cent 75-79, and 38 per cent 80+). Thus, we see that old, single women are most likely to need supplementation, and that single seniors, females, and those over age 80 are the groups most likely to have low incomes.

FIGURE II-1
NUMBER OF RECIPIENTS OF OLD AGE SECURITY (OAS)
GUARANTEED INCOME SUPPLEMENT (GIS)
ALBERTA, 1975 - 1988



Source: Health and Welfare Canada.

FIGURE II-2
PERCENTAGE OF OLD AGE SECURITY (OAS) RECIPIENTS RECEIVING OAS ONLY, OAS PLUS GUARANTEED INCOME SUPPLEMENT (GIS) PARTIAL, AND OAS PLUS GIS MAXIMUM, BY AGE AND SEX, ALBERTA, DECEMBER 1988



Source: Health and Welfare Canada.

When we look at the percentages of seniors receiving supplementation in all of Alberta, we see great differences between regions. The regions used here are based on health units, and Figure II-3 shows the location of the 27 health units in Alberta and how they were divided into regions. Looking at Table II-2, we see that, in 1988, the north had the largest proportion of seniors receiving GIS partial and GIS maximum. Calgary had the lowest percentage of seniors receiving these benefits. Table II-3 displays the percentage of pensioners who were receiving each type of benefit by individual health unit within each region.

TABLE II-2
PERCENTAGE OF OLD AGE SECURITY (OAS) RECIPIENTS RECEIVING OAS ONLY OAS PLUS GUARANTEED INCOME SUPPLEMENT (GIS) MAXIMUM AND OAS PLUS GIS PARTIAL, BY REGION, ALBERTA, DECEMBER 1988*

Region	OAS Only %	GIS Max %	GIS Partial %
Southern Region	57	6	3
Northern Region	33	20	47
Central Region	45	10	45
Edmonton	59	7	34
Calgary	63	5	32
Alberta Total	55	8	38

Source: Health and Welfare Canada.

*Due to rounding percentages may not always add up to one hundred per cent.

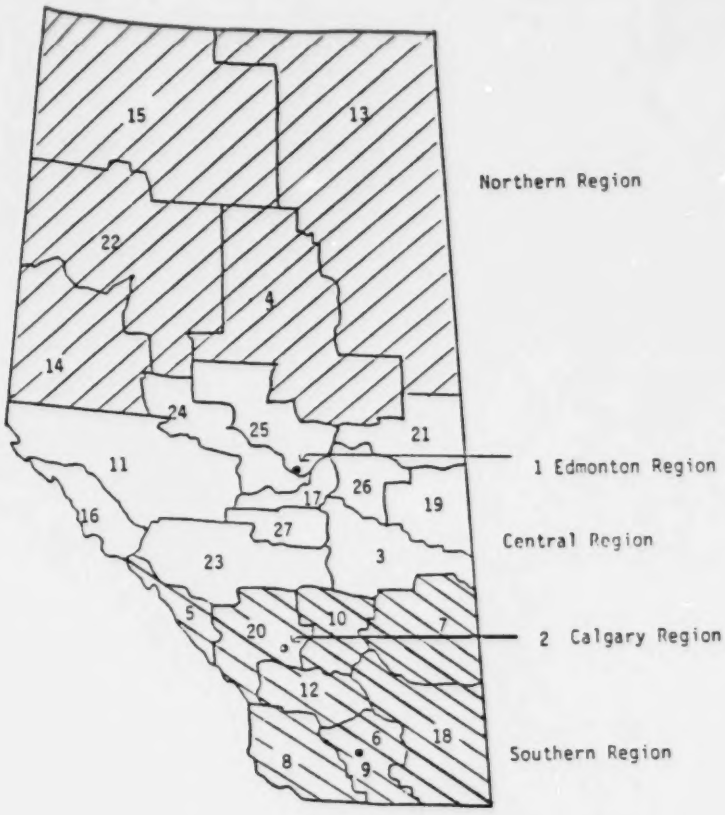
TABLE II-3
PERCENTAGE OF SENIORS RECEIVING OLD AGE SECURITY (OAS) ONLY, OAS PLUS GUARANTEED INCOME SUPPLEMENT (GIS) MAXIMUM, OAS PLUS GIS PARTIAL, ALBERTA, DECEMBER 1988*

Health Unit	% OAS Only	% GIS Max	% GIS Partial	Region
Banff	81	3	16	
Barons-Eureka-Warner	52	6	42	
Big Country	61	4	35	
Chinook	54	9	37	Southern
Lethbridge	59	5	36	Region
Drumheller	57	6	37	
Foothills	64	4	31	
Southeastern Alberta	54	5	42	
Mount View	57	7	36	
Athabasca	24	28	48	
Fort McMurray	31	35	35	Northern
South Peace	40	12	48	Region
High Level-Fort Vermilion	14	47	40	
Peace River	32	19	49	
Alberta East Central	52	6	41	
Alberta West Central	37	13	50	
Jasper	78	1	21	Central
Leduc-Strathcona	51	8	41	Region
Minburn-Vermilion	51	7	42	
Northeastern Alberta	26	24	50	
Red Deer	54	6	40	
Stony Plain	42	12	47	
Sturgeon	43	11	46	
Vegreville	32	14	55	
Wetoka	44	11	45	
Edmonton	59	7	34	Edmonton
Calgary	63	5	32	Calgary

Source: Health and Welfare Canada.

*Due to rounding percentages may not always add up to one hundred per cent.

FIGURE II-3
ALBERTA HEALTH UNITS



#	Name	#	Name
1	Edmonton	15	High Level-Fort Vermilion
2	Calgary	16	Jasper
3	Alberta East Central	17	Leduc-Strathcona
4	Athabasca	18	Southeastern Alberta
5	Banff	19	Minburn-Vermilion
6	Barons-Eureka-Warner	20	Mount View
7	Big Country	21	Northeastern Alberta
8	Chinook	22	Peace River
9	Lethbridge	23	Red Deer
10	Drumheller	24	Stony Plain
11	Alberta West Central	25	Sturgeon
12	Foothills	26	Vegreville
13	Fort McMurray	27	Wetoka
14	South Peace		

Spouse's Allowance

As well as OAS and GIS, the federal government also offers the Spouse's Allowance (SPA) for spouses age 60 through 64 of low-income pensioners. As of September 1, 1985, this benefit has also been payable to widows and widowers age 60-64, irrespective of the spouse's age at death. This benefit is called the Widowed Spouse's Allowance. In 1987 there were 8,846 Albertans receiving these benefits (8,041 women and 805 men).

Table II-4 shows the yearly expenditures for these three federal programs from 1982/83 to 1987/88. Since 1982, the expenditures for OAS have increased 50 per cent, and the expenditures for GIS and SPA have increased 57 per cent and 130 per cent respectively.

TABLE II-4
YEARLY EXPENDITURES FOR FEDERAL INCOME SUPPORT PROGRAMS, ALBERTA, 1982/83 - 1987/88

Year	OAS	GIS	SPA	Total
1982/83	479,567,000	154,684,000	13,404,000	647,656,000
1983/84	526,015,000	161,893,000	14,277,000	702,185,000
1984/85	568,327,000	192,764,000	15,890,000	776,982,000
1985/86	616,156,000	217,355,000	21,310,000	854,821,000
1986/87	666,352,592	228,120,106	29,419,154	923,891,852
1987/88	720,334,714	242,696,543	30,786,269	993,817,526

Source: Health and Welfare Canada: Inventory of Income Security Programs in Canada, 1984, 1985 and 1987 issues.

Alberta Assured Income Plan
Alberta Widows' Pension
Alberta Social Allowance
Alberta Assured Income for the Severely Handicapped

The Alberta government also provides several income security programs, namely the Alberta Assured Income Plan (AAIP), Alberta Widows' Pension, Alberta Social Allowance, and Alberta Assured Income for the Severely Handicapped (AISH).

The Alberta Assured Income Plan is a supplement to all Alberta pensioners who receive the federal GIS. The amount of this supplement is dependent on reported income, and in 1988 the benefits ranged from $10 to $95 per month. As of October 1988 the guaranteed minimum income for seniors in Alberta was $795.47 for single persons and $662.83 each for married persons, or a combined

income of $1,325.66 for the couple. The Alberta Widows' Pension is available to widowed men and women age 55 through 64 with little or no income. Since this program was initiated in 1983, the average monthly caseload has risen from 1,960 in 1983/84 to 3,434 in 1987/88 (see Table II-5). The number of cases has dropped slightly since 1985, probably due to the introduction of the federal Widowed Spouse's Allowance benefit.

TABLE II-5
WIDOWS' PENSION PROGRAM RECIPIENTS, ALBERTA, 1983 - 1988

Year	Average Monthly Caseload #	% Change
1983/84	1,960	N.A.
1984/85	3,069	+56.6
1985/86	3,562	+16.1
1986/87	3,435	-3.6
1987/88	3,434	-0.03

Source: Alberta Social Services, Income Security Program.

There are a small number of seniors who are not eligible for federal or provincial income support programs for persons over 65. If these seniors are in financial need, they may be able to receive assistance from Alberta Social Allowance or the Alberta Assured Income for the Severely Handicapped (AISH). AISH is dependent on the income and physical/mental status of the recipient, and social allowance benefits depend on income, assets, and need. Tables II-6 and II-7 show the number of senior recipients of these programs from 1986 to 1988. AISH has more male recipients than female, and Social Allowance has more female recipients over 65 than males over 65.

TABLE II-6
ASSURED INCOME FOR THE SEVERELY HANDICAPPED RECIPIENTS AGE 65+ BY AGE GROUP AND SEX, ALBERTA, 1986 - 1988

	June 1986		June 1987		June 1988	
	Male #	Female #	Male #	Female #	Male #	Female #
65-74	301	164	306	183	289	161
75-84	70	39	69	38	56	39
85+	2	7	4	4	5	3
65+	373	210	379	225	350	203

Source: Alberta Social Services.

TABLE II-7
SOCIAL ALLOWANCE RECIPIENTS* AGE 65+ BY AGE GROUP AND SEX, ALBERTA, 1986 - 1988

	June 1986		June 1987		June 1988	
	Male	Female	Male	Female	Male	Female
	#	#	#	#	#	#
65-74	437	527	492	590	549	619
75-84	121	163	134	182	162	213
85+	23	35	16	39	15	39
65+	581	725	642	811	726	871

Source: Alberta Social Services.
* Recipient refers to any person in a family unit.

Table II-8 shows the yearly expenditures for these provincial programs from 1982 to 1988. The figures for social allowance recipients over age 60 are shown. Persons over age 60 make up about 6.5 per cent of the social allowance caseload, and persons over age 65 comprise about 2 per cent of the caseload. The expenditures for AISH are for the program as a whole. Approximately 5 per cent of the caseload for this program is comprised of persons over 65. It must be remembered that Social Allowance and AISH are designed to benefit persons under age 65, and are only available to seniors in unusual circumstances, such as for new immigrants who do not qualify for OAS, or for seniors with large dependent families.

TABLE II-8
YEARLY EXPENDITURES FOR PROVINCIAL SUPPORT PROGRAMS, ALBERTA, 1982 - 1988

Year	AAIP	Widows' Pension	Social Allowance for 60+	AISH**
1982/83	64,524	-	16,718	59,694
1983/84	61,447	7,306	17,693	72,763
1984/85	62,718	12,886	18,402	82,274
1985/86	61,684	15,981	19,534	99,771
1986/87	60,536	11,231	21,834	116,154
1987/88*	59,744	9,942	23,392	128,504

* 1987/88 figures are forecasts.
** Expenditures are for the program as a whole.

Source: Alberta Social Services, Income Security Program.

Housing Programs and Benefits

In the provision of programs for seniors, a stated objective of the Alberta Government is to help older persons maintain their independence.[9] The housing benefits and programs are a major effort toward achieving this goal. They assist seniors in meeting the increasing cost of housing by adding directly and indirectly to their incomes and by providing safe, comfortable and inexpensive housing.

Property Tax Reduction Benefits

This program of Alberta Municipal Affairs provides two levels of benefits. All Alberta homeowners automatically have their entire Provincial Education Tax paid by the provincial government, and in addition, senior homeowners are eligible for a further reduction, the Senior Homeowner Benefit, if they meet certain criteria. The Senior Homeowner Benefit is the difference between $1,000 or municipal taxes (whichever is less) and the Provincial Education Tax.

To be eligible for the Senior Homeowner Benefit, an applicant must be an Alberta homeowner who is 65 years of age or older, or a widow/widower 60 through 64 years of age whose deceased spouse was 65 years or older and eligible at the time of death, or a widow/widower receiving benefits under the Alberta Widows' Pension Act. Table II-9 shows the number of seniors served under this program and the yearly expenditures for the Senior Homeowner Benefit only.

TABLE II-9
PROPERTY TAX REDUCTION, SENIOR HOMEOWNER BENEFITS AND YEARLY EXPENDITURES, ALBERTA, 1979 - 1988

Year	Number of Applicants	$ Thousands
1979/80	64,550	12,050
1983/84	84,562	48,497
1985/86	90,140	53,762
1986/87	96,013	58,443
April/87-July/88*	94,431	60,580
1988/89**		68,580

* 1987 program ends March 31, 1989.
**Budget for fiscal year.
Source: Alberta Municipal Affairs.

9 Alberta Social Services and Community Health. Senior Citizens in Alberta, A Position Paper, Edmonton, 1975.

Senior Citizens Renters' Assistance Grants

This program, from Alberta Municipal Affairs, assists senior citizens in combating the rising cost of rental accommodations. Persons 65 and over and some widowed persons (see information under Property Tax), who are renting accommodations through the open market, may receive a grant of $1,200 annually. Those residing in government-subsidized housing may receive $600 annually and mobile homeowners renting the land on which their mobile home is located may receive $1,000 (see Table II-10).

TABLE II-10
SENIOR CITIZENS RENTERS' ASSISTANCE GRANTS; NUMBER AND EXPENDITURES, ALBERTA, 1982 - 1988

Year	Number of Applicants	$ Thousands
1982/83	37,636	36,518
1983/84	39,716	38,882
1984/85	40,958	39,737
1985/86	43,200	41,958
1986/87	45,070	42,785
April/87-July/88*	45,243	43,971
1988-89**		48,572

* 1987 program ends March 31, 1989.
**Budget estimate.

Source: Alberta Municipal Affairs. Also Health and Welfare Canada, Inventory of Income Security Programs in Canada, 1987.

Subsidized Apartments

Alberta has subsidized apartments (self-contained units) available for senior citizens. The rent for this type of housing is 25 per cent of the renter's gross monthly income (see Table II-11). Such housing assists older people financially and also helps those who find the upkeep of a house too demanding. It can also provide social contacts and support, so that even quite frail persons are able to live independently.

These units are built and owned by the Alberta Mortgage and Housing Corporation. They are managed by municipal foundations and voluntary associations. Annual subsidies for these units (to meet the operating and mortgage costs) are provided by the federal and provincial governments. As of April 1988, these apartments had an overall vacancy rate of 8.8 per cent.

There are also apartments for older people which have been built with one-third grants from the Corporation (1,351 units in 19 projects in 1988) and 514 cottages located on the property of the lodges (see information on lodges). These apartments and cottages are rented for a flat rate, below the average available through the private market. Low-rental units for seniors are also available in apartment complexes built by non-profit corporations and private developers. Housing registries for seniors are located in four urban areas: Edmonton, Calgary, Lethbridge and Medicine Hat.

TABLE II-11
SENIORS' SUBSIDIZED APARTMENTS; NUMBER OF PROJECTS, UNITS, AND EXPENDITURES FOR ALBERTA, 1979/80, 1985/86, AND 1987/88

Year	Total Projects	Total Units	Budgeted Capital (Millions)	Total Subsidies (Millions)
1979/80	149	5,421	62.9	11.3
1985/86	432	13,405	16.0	74.0
1987/88	440	13,706	11.9	71.5

Source: Alberta Mortgage and Housing Corporation.

Home Improvement Grants

Senior citizen homeowners and widowed homeowners age 55 through 64, who meet income requirements (no more than $23,000 annually) and residency requirements (one year), may receive grants of up to $3,000 for various types of home improvements.

From December 31, 1982 to June 30, 1986, this program from Alberta Municipal Affairs, Housing Division, provided 57,586 grants for a total of $164 million. Prior to this, the provincial government had provided a total of $105 million in home improvement grants to seniors under the Alberta Pioneer Repair Program (1979 to 1982) and the Senior Citizens' Home Improvement Program (1976 to 1979). On July 1, 1986, the program was again changed slightly and renamed the "Seniors' Home Improvement Extension." Between July 1, 1986 and May 30, 1988, 8,902 first-time applications and 2,233 supplementary applications were processed, and $25.8 million spent. Table II-12 displays these four programs.

TABLE II-12
SENIORS' HOME IMPROVEMENT PROGRAMS, ALBERTA, 1979/88

Program Name	Years	Grants	Expenditures (Thousands)
Senior Citizens' Home Improvement Program	1976-1979		105,000
Alberta Pioneer Repair Program	1979-1982		
Seniors' Home Improvement Program	1982-1986	57,586	163,957
Seniors' Home Improvement Extension	1986-May 30/88	11,135	25,845

Source: Alberta Municipal Affairs, Seniors' Home Improvement Program.

Senior Citizens' Home Heating Protection Program

This program is offered by Alberta Transportation and Utilities. Under the program, eligible seniors receive an annual rebate of $100 to help defer fuel costs, regardless of the type of fuel used. Homeowners age 65 and older, persons receiving the Alberta Widows' Pension, and widows and widowers age 60 through 64 whose spouses were 65 and older at the time of death are eligible for this program (see Table II-13).

TABLE II-13
SENIOR CITIZENS' HOME HEATING PROTECTION PROGRAM; NUMBER OF BENEFITS AND YEARLY EXPENDITURES, ALBERTA, 1985 - 1987

Year	Benefits #	Expenditures (Thousands)
1985	88,000	8,800
1986	92,100	9,210
1987*	94,200	9,420

* The 1987 fiscal year for this program was not entirely paid out at time of writing.

Source: Alberta Transportation and Utilities.

Health Programs and Benefits

The Province of Alberta offers a number of health programs for seniors which ensure that they are not denied access to needed health care for financial reasons. The Alberta Health Care Insurance Plan (AHCIP) is provided at no cost to cover medical and hospital costs. As well, seniors receive Extended Health Benefits, and have access to the services of health units.

Community Health Nursing Services

There are 27 health units in Alberta, administered by boards composed primarily of municipal council members and funded entirely by Alberta Health. Their staff of community health nurses deliver a service to individuals, families and groups, the focus of which is the promotion, protection and maintenance of health. In 1975/76, a nursing position was funded in each of the 10 health units with the largest percentage of seniors in the population, to enhance services for older people, but since then there has been no other funding specified for seniors' programs. It is, therefore, up to the individual health unit to determine the amount of service to be provided to seniors.

In 1987, seniors received 7 per cent of the community health nurses' direct service time (see Table II-14). The percentage of total hours spent by community health nurses in direct service with seniors has decreased slightly, from 7.5 per cent in 1982 to 7 per cent in 1987.

TABLE II-14
COMMUNITY HEALTH NURSING SERVICES: NUMBER OF TOTAL DIRECT SERVICE HOURS AND PER CENT OF HOURS SPENT WITH PERSONS AGE 65 +, ALBERTA, 1981 - 1987

	1981	1982	1983	1984	1985	1986	1987
Hours spent in Direct Service with 65 +	46,616	43,776	44,153	45,198	41,397*	44,306	43,639
% of Total Direct Service Time with 65 +	7.4%	7.5%	7%	7%	7%	7%	7%

* Figures for 1985 reflect decreased services due to a strike by Community Health Nurses in eight health units for up to 10 months.

Source: Alberta Health, Community Health Nursing, Alberta Computerized Nursing Activities Reporting System (ACNARS).

Table II-15 shows the number of screenings and assessments for seniors conducted each year. Since 1981, the number of screenings and assessments for persons age 65 to 74 has increased by 41.3 per cent: this has increased by 16.8 per cent for the 75 + age group.

TABLE II-15
COMMUNITY HEALTH NURSING SERVICE: NUMBER OF SCREENINGS AND ASSESSMENTS FOR PERSONS AGE 65-74 AND 75 +, ALBERTA, 1981 - 1987

Year	65-74 Years	75 + Years
1981	24,972	38,820
1982	24,658	37,199
1983	30,748	40,692
1984	32,338	44,011
1985*	28,897	45,677
1986	34,102	49,172
1987	35,287	45,348

* Figures for 1985 reflect decreased services due to a strike by Community Health Nurses in eight health units for up to 10 months.

Source: Alberta Health, Community Health Nursing, Alberta Computerized Nursing Activities Reporting System (ACNARS).

The number of group activities for seniors has decreased between 1981 and 1987 (see Table II-16). As well, the number of seniors attending these group sessions has declined since 1983.

TABLE II-16
COMMUNITY HEALTH NURSING SERVICE: NUMBER OF GROUP ACTIVITIES FOR PERSONS AGE 65-74 AND 75+, ALBERTA, 1981 - 1987

Year	65-74 Years	75+ Years
1981	4,948	4,041
1982	4,939	3,678
1983	3,490	4,115
1984	3,141	4,137
1985*	3,130	3,111
1986	2,982	3,040
1987	2,450	1,957

* Figures for 1985 reflect decreased services due to a strike by Community Health Nurses in eight health units for up to 10 months.

Source: Alberta Health, Community Health Nursing, Alberta Computerized Nursing Activities Reporting System (ACNARS).

Medical Services

The term "medical service" refers to each individual service performed by a physician. This includes consultations and visits, surgery, anesthesia, radiology, pathology, and other diagnostic and therapeutic services. The use of medical services has been increasing in all age groups in Alberta. Seniors' use of these services has increased at a slower rate than for the total population. Table II-17 shows the increases in medical services between 1972 and 1987. In the decade of 1976/77 to 1986/87 the number of medical services per thousand for seniors increased 33.6 per cent from 14,408 to 19,249. For the population as a whole, the number of services per thousand rose 48.2 per cent, from 7,327 in 1976/77 to 10,861 in 1986/87. As can be seen in Table II-17, seniors used medical services at a rate almost twice that of the population as a whole.

TABLE II-17
MEDICAL SERVICES: UTILIZATION BY 65 + AND BY ALL AGES, ALBERTA, 1972/73 - 1986/87

Year	Age Group	Services Per 1,000 #	Yearly % Change
1972/73	65 +	12,813	
	All	6,633	
1974/75	65 +	13,743	+ 7.3
	All	7,073	+ 6.6
1976/77	65 +	14,408	+ 4.8
	All	7,327	+ 3.6
1978/79	65 +	14,280	-0.9
	All	7,434	+ 1.5
1980/81	65 +	15,609	+ 9.3
	All	7,839	+ 5.4
1982/83	65 +	16,755	+ 7.3
	All	8,632	+ 10.1
1984/85	65 +	18,334	+ 9.4
	All	9,867	+ 14.3
1986/87	65 +	19,249	+ 5.0
	All	10,861	+ 10.1

Source: Alberta Hospitals and Medical Care, Health Care Insurance Commission, Annual Reports for the Years Ended June 30, 1973, 1975, 1977; Health Care Insurance Plan, Annual Reports, 1979 - 1986/87.

The rate of increase over time has varied according to the type of service. Table II-18 shows the rate of change in the usage by seniors of different medical services between 1981/82 and 1986/87. The change over that period ranged from a low of 0.3 per cent for "special or house visits" to 51.6 per cent for "other diagnostic and therapeutic services."

There are differences between males and females in the use of medical services. Females have a higher usage of medical services than males in all age groups, including the 65 + age group.

TABLE II-18
MEDICAL SERVICES PER 1,000 INSURED PERSONS AGE 65 +, ALBERTA, 1981/82 - 1986/87

Type of Service	Year					Per Cent Change 1981/82 - 1986/87
	1981/82	1983/84	1984/85	1985/86	1986/87	
Consultations	484	600	657	690	720	+48.8%
Office Visits	4716	5224	5402	5609	5839	+23.8%
Hospital Visits	3990	4309	4443	4615	4306	+7.9%
Special/House Visits	666	658	667	676	668	+0.3%
Major Surgery	124	150	147	180	180	+45.2%
Minor Surgery	88	93	90	109	103	+17.04%
Surg. Assists	73	74	81	85	89	+21.9%
Anesthesia	276	326	330	368	372	+34.8%
Radiology	450	478	499	533	547	+21.6%
Pathology	3786	4496	4815	5215	5110	+35.0%
Other Diag. and Therapeutic Serv.	870	1080	1159	1275	1319	+51.6%
Total	15,521	17,486	18,288	19,350	19,250	+24.0%

Source: Alberta Hosptials and Medical Care, Health Care Insurance Plan, Annual Report, March 31, 1982, 1984, 1985, and Statistical Supplement 1985/86, 1986/87.

The average cost per individual for the delivery of medical services has also increased (see Table II-19). While senior women used a greater number of medical services than senior men, the average cost per person was less for women. This is because women are more likely to have office visits, and men are more likely to have hospital visits, surgery, and anesthesia, which cost more per service.

In 1985/86, persons age 65 and over used 14.9 per cent of all medical services at a cost of $82.2 million.

Physiotherapy, podiatry, optometry and chiropractic services are also covered under the Alberta Health Care Insurance Plan. In 1985/86, persons age 65 and over used 14.3 per cent of the physiotherapy services for a cost of $2.1 million; 52.2 per cent of podiatry services ($1.8 million); 9.9 per cent of chiropractic services ($2.9 million); and 9.8 per cent of optometry services ($.88 million).[10]

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10 Alberta Hospitals and Medical Care, unpublished data.

TABLE II-19
MEDICAL SERVICES: AVERAGE EXPENDITURES FOR MEN AND WOMEN AGED 65+, ALBERTA, 1979/80 - 1986/87

Year	Men	Women
1979/80	194.31	183.71
1980/81	227.48	217.62
1981/82	270.00	256.35
1983/84	377.02	360.71
1984/85	392.83	379.73
1986/87	449.85	438.70

Source: Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Reports, Years Ended March 31, 1980, 1982, 1984; Annual Reports, 1984-85, 1986-87.

Extended Health Benefits

Persons age 65 and over and their dependants covered under the Alberta Health Care Insurance Plan are eligible for Extended Health Benefits. Until 1988, most of the cost of eyeglasses and dental care was covered through a program of Alberta Hospitals and Medical Care, and the cost of hearing aids, medical equipment, surgical supplies and appliances was covered up to established amounts through a program of Alberta Community and Occupational Health. These departments have been combined, and the two programs are now funded by Alberta Health.

As might be expected, both the number of persons receiving these benefits and the expenditures have been increasing (see Tables II-20 and II-21).

Since 1976, that part of the program which was administered by Alberta Hospitals and Medical Care Extended Health Benefits Program increased its expenditures by about 300 per cent. The program which was administered by Alberta Community and Occupational Health increased its expenditures from $6.1 million in 1979 to $25.7 million in 1987/88, an increase of over 300 per cent.

TABLE II-20
EXTENDED HEALTH BENEFITS, ALBERTA HOSPITALS AND MEDICAL CARE: NUMBER OF PATIENTS AND EXPENDITURES, 1976/77 - 1986/87

	Patients	Expenditures $ Millions
1976/77		
Dentists and Dental Mechanics	46,599	7.22
Optometrists	17,022	.711
Ophthalmic Dispensers	11,701	.517
		8.448
1980/81		
Dentists and Dental Mechanics	69,741	12.72
Optometrists	18,717	1.13
Ophthalmic Dispensers	15,454	.968
		14.818
1984/85		
Dentists and Dental Mechanics	74,185	21.04
Optometrists	21,469	2.16
Ophthalmic Dispensers	21,609	2.15
		25.35
1986/87		
Dentists and Denturists	90,555	27.65
Optometrists	24,153	2.60
Ophthalmic Dispensers	25,911	2.80
		33.05

Source: Alberta Hospitals and Medical Care, Health Care Insurance Commission, Annual Report, for the Year Ended June 30, 1977; Health Care Insurance Plan Annual Report for the Year Ended March 31, 1981; Annual Report, 1984-85, 1986-87.

TABLE II-21
EXTENDED HEALTH BENEFITS, ALBERTA COMMUNITY AND OCCUPATIONAL HEALTH: NUMBER OF CLIENTS AND EXPENDITURES, 1978/79 - 1987/88

Year	Expenditures ($ Millions)	Clients (Thousands)
1979/80	6.1	(not available)
1980/81	8.0	36
1981/82	10.4	38
1982/83	16.5	40
1983/84	20.7	49
1984/85	16.6	47
1985/86	20.2	52
1986/87	24.3	60
1987/88	25.7	60

Source: Alberta Community and Occupational Health, Aids to Daily Living Program.

Blue Cross Benefits

Senior citizens and their dependants are also provided with a Blue Cross benefit package (at no charge) which covers 80 per cent of the cost of prescription drugs, the cost of ambulance charges to and from hospitals, and some other services. The Blue Cross Plan is reimbursed by the Alberta Health Care Insurance Plan for claims expenditures and associated administrative costs.

Table II-22 shows the number of seniors and widows' pension registrations and the total number of persons covered under these registrations for Alberta Blue Cross Non-Group Membership. In 1987, seniors and widows' pension recipients comprised about 65 per cent of the registrations and 52 per cent of the total persons covered. It is estimated that these persons utilized about 81 per cent of the payments for services.[11] The expenditures for the entire plan for 1986/87 were about $90.6 million. The comparable estimate for 1987/88 is $101.9 million.[12]

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11 Alberta Health Non-Group Claims: Alberta Blue Cross Plan, Summary.
12 Government of Alberta: 1987-88 Government Estimates.

TABLE II-22
ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP: REGISTRATIONS AND TOTAL PERSONS COVERED, SENIORS AND WIDOWS' PENSION RECIPIENTS, 1985 - 1987

		Age 65+	Widows' Pension
1985	Registrations	149,269	3,322
	Persons	219,868	3,885
1986	Registrations	154,981	3,616
	Persons	227,940	4,156
1987	Registrations	160,612	3,527
	Persons	236,040	4,010

Source: Alberta Hospitals and Medical Care: Statistical Supplement, Alberta Health Care Insurance Plan, 1986-87.

Active Treatment (General) Hospitals

In 1986/87, there were 125 active treatment or general hospitals in Alberta, with a total of 13,018 beds. The number of beds had decreased slightly since 1985/86, from 13,064 to 13,018.

Older persons use a greater proportion of active treatment hospital patient days, and make up a larger proportion of the separations (patients discharged) than their proportion in the general population. In 1986, seniors made up 8.1 per cent of Alberta's population and used, in 1986/87, 40.6 per cent of the patient days, having an average length of stay of 15.6 days. Seniors comprised 22.1 per cent of the separations in 1986/87. These figures show that while seniors use the general hospitals more than the population as a whole, it is a relatively small number of patients who have long hospital stays, rather than a large number of senior patients. In 1986/87 the average length of stay in general hospitals was almost three times greater for seniors than for patients age 0-64. The average length of stay increased with age. Table II-23 shows the separations, days stay, and average length of stay for patients in general hospitals in 1986/87.

Table II-24 shows the separations, days stay, and average length of stay for seniors, divided into major diagnostic categories. The largest number of separations were related to "diseases of the circulatory system," at 21.5 per cent, followed by "diseases of the digestive system" at 12.4 per cent. These proportions are essentially unchanged from 1983/84.

In 1985/86 the operating expenditure for public general hospitals was $1,408.4 million, an increase of 14.6 per cent since 1984/85. Table II-25 shows the operating expenditures from 1980/81 to 1985/86. The total expenditure for active care hospitals in 1986/87 was $1,679.6 million.

TABLE II-23
ACTIVE TREATMENT HOSPITALS: SEPARATIONS, DAYS STAY, AND AVERAGE LENGTH OF STAY BY SEX AND AGE GROUP, ALBERTA, 1986/87

Age and Sex		Separations		Days Stay		Average Length of Stay (Days)
		#	%	#	%	
0-64	M	116,933		762,595		6.52
	F	194,795		1,068,073		5.48
	T	311,728	77.9	1,830,668	59.4	5.87
65-74	M	21,868		250,912		11.47
	F	20,353		246,557		12.11
	T	42,221	10.6	497,469	16.2	11.78
75-84	M	15,895		226,593		14.26
	F	17,792		279,909		15.73
	T	33,687	8.4	506,502	16.4	15.04
85 +	M	5,061		87,157		17.22
	F	7,245		158,326		21.85
	T	12,306	3.1	245,483	8.0	19.95
Total	M	42,824		564,662		14.32
65 +	F	45,390		684,792		16.56
	T	88,214	22.1	1,249,454	40.6	15.59
Total	M	159,757		1,327,257		8.31
All	F	240,185		1,752,865		7.30
Ages	T	399,942	100	3,080,122	100	7.70

Source: Alberta Health, unpublished data.

TABLE II-24
ACTIVE TREATMENT HOSPITALS: SEPARATIONS, DAYS STAY, AND AVERAGE LENGTH OF STAY FOR PATIENTS AGE 65+, BY MAJOR DIAGNOSTIC CATEGORY, ALBERTA, 1986/87

Type of Disease	Separations		Days Stay		Average Length of Stay (Days)
	#	%	#	%	
Diseases of the Circulatory System	18,961	21.5	297,216	23.8	15.68
Diseases of the Digestive System	10,922	12.4	118,239	9.5	10.38
Diseases of the Respiratory System	8,526	9.7	117,535	9.4	13.79
Injury and Poisoning	7,196	8.2	142,692	11.4	19.83
Other	42,609	48.3	573,772	45.9	13.47
Total	88,214	100%	1,249,454	100%	14.16

Source: Alberta Health, unpublished data.

TABLE II-25
ACTIVE TREATMENT HOSPITALS: OPERATING EXPENDITURES, ALBERTA, 1980/81 - 1985/86

Year	Expenditures $ millions
1980/81	650.8
1981/82	828.4
1982/83	1,105.1
1983/84	1,200.5
1984/85	1,228.8
1985/86	1,408.4

Source: Alberta Hospitals and MedicalCare, Annual Reports: 1980-81, 1981-82, 1982-83, 1983-84, 1984-85; Hospital Care in Alberta Statistical Supplement, 1986.

Community Support, Recreational and Educational Programs

A number of programs are offered which are intended to help maintain and enrich the lives and well-being of seniors. These programs are primarily used by seniors who are "well." It is believed that this type of program helps to prevent unnecessary disability or dependency in the later years of life.

Federal New Horizons Program and Seniors Independence Program

The New Horizons Program is provided by the federal government. This program provides funding for groups of retired persons (10 or more per group) to carry out projects of their choosing. The projects are generally of a social, recreational, cultural, historical, or service nature. In recent years, service activities such as friendly visiting and telephone reassurance have become more common. Table II-26 shows the types of New Horizons projects funded, and Table II-27 the number of projects and expenditures from 1978 to 1988.

In 1988 the federal government initiated the Seniors Independence Program which makes funding available for the development of services which support the independence of older people. As yet, there are no statistics on the utilization of this program. This program is administered by the New Horizons staff.

Educational Opportunities

Alberta Advanced Education, Community Programs Branch (formerly Further Education Services) provides funding for special education programs for adults. In 1987, a budget of $5,570,000 provided non-credit programming for 319,188 adult participants, including many seniors. In addition, four grants were provided for special seniors' programs in 1988:

University of Alberta	$27,900
University of Calgary	$26,500
Kerby Centre, Calgary	$29,500
Calgary Seniors' Educational Partnership	$87,100

TABLE II-26
NUMBER AND TYPES OF NEW HORIZONS PROJECTS, AND FUNDING IN ALBERTA, 1984/85 - 1987/88

PROJECTS	1984/85	1985/86*	1986/87**	1987/88
1. Drop-In Centres	26	26	24	15
2. Outreach/Direct Service	15	19	17	20
3. Historical	17	9	12	20
4. Research and Development	1	1	0	-
5. Cultural (Choirs, Orchestra, Dancing, Drama)	7	3	12	8
6. Outdoor Recreation, Sports, Parks, Greenhouses	3	6	3	4
7. Information and Referral	3	3	8	6
8. Arts and Crafts and Indoor Recreation	58	44	43	28
9. Museums and Artifacts	10	8	14	5
10. Movie-Making, Radio, T.V., Photography	1	3	1	2
TOTAL PROJECTS	141	122	134	108
TOTAL FUNDING	$897,665	$852,747*	$700,879	$554,128

* Only nine fundings in 1985/86 fiscal year as opposed to 10 in previous years.
** Only seven fundings in 1986/87.

Source: Health and Welfare Canada, New Horizons Program.

TABLE II-27
NEW HORIZONS: NUMBER OF PROJECTS AND FUNDING, ALBERTA, 1978/79 - 1987/88

Year	Number of Projects	Funding $ Thousands
1978/79	126	703
1979/80	142	774
1980/81	143	876
1981/82	141	839
1982/83	139	866
1983/84	138	913
1984/85	141	898
1985/86	122	853
1986/87	134	700
1987/88	108	554
1988/89	151	993

Source: Health and Welfare Canada, New Horizons Program.

Sport, Recreational and Cultural Programs

The Alberta Sport Council supports the Seniors Games which are held every second year. The 1988 Seniors Games cost approximately $300,000. As well, Alberta Recreation and Parks, through the Community Recreational Cultural Program, provides funding to municipalities for recreational and cultural services. Each municipality is entitled to $12 per capita for this program, and municipalities make the decisions about how the funds are allocated. Seniors' projects are eligible for funding under this program, but no information is available on the amounts provided. Support is also provided to the Alberta Senior Citizens Sport and Recreation Association (see p. 93).

Senior Centres

In 1988, there were 282 identified senior centres in Alberta which were willing to have their names and addresses on a list of senior centres prepared by the Senior Citizens Secretariat. A senior centre was defined as a group of seniors which meets at least six hours per week in the same location. The centres are generally registered societies made up of members of a community, with an elected voluntary board. Most centres offer social, recreational, sport and

educational activities. As well, many offer service activities such as outreach, friendly visiting, meals, meals-on-wheels, information and referral services and home handyman. Senior centres are intended to be community focal points where seniors can take part in programs and activities which enrich their lives and support their independence. Even seniors who are ill or house-bound can benefit from these programs, in that service activities are often aimed at helping and supporting these seniors.[13]

As well as senior centres, there are an additional identified 59 small-scale senior groups. These groups meet infrequently, or are social clubs in seniors' housing complexes. While these groups are less active than senior centres, they still meet important social needs.

Most senior centres are financially independent and raise their own funds, but some are also assisted by Family and Community Support Services (FCSS), New Horizons, other government grants, service clubs and private donations.

Family and Community Support Services (FCSS)

Family and Community Support Services (FCSS) is a funding and community development program operated jointly by Alberta Health (formerly Alberta Community and Occupational Health) and municipalities. The initiative is dependent on the municipalities. The department provides per capita grants to the municipalities in the 110 FCSS programs. Not all municipalities participate in FCSS programs; about 90 per cent of Alberta's population resides within the FCSS program boundaries. In 1986/87 the FCSS expenditure was $31.26 million. The estimate for 1988/89 is $31.7 million.[14]

The provincial government contributes up to 80 per cent of the funds for this program, with the remaining 20 per cent raised locally. The municipality is responsible for organizing, operating, and evaluating the local FCSS program. FCSS funds can be used for a variety of community programs, but not for recreational or rehabilitative programs or for direct financial assistance. Most FCSS programs place a priority on service to seniors.

In 1986 municipalities operating FCSS programs reported a total of approximately 770 programs supported by FCSS during 1986. Of these, about

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13 Further information about senior centres in Alberta is available from a survey conducted by the Alberta Senior Citizens Secretariat, assisted by the Alberta Council on Aging. Copies of the report, A Study of Senior Centres in Alberta, are available from the Alberta Senior Citizens Secretariat.

14 Government of Alberta: 1988-89 Government Estimates.

205, or 26 per cent, were programs specifically intended to serve seniors. As well, there were 15 general community programs in native communities which included service to seniors as one component of their activities.

The most commonly reported seniors' program was home support. This included various services aimed at allowing seniors to live in their own homes as long as possible. Homemaker, home help, handyman, meals-on-wheels, emergency response, and outreach programs were in this category. A total of 117 of these programs were funded by FCSS in 1986. As well, 50 senior centres and seniors' groups were funded, 5 transportation programs, 11 general seniors' programs, 3 information and referral programs and 4 coordination and/or liaison positions.

The total cost of the 770 programs reported in 1986 was about $45 million. The proportion devoted to seniors' programs was 33 per cent, or about $15 million. An additional $608 thousand or 1 per cent went to community programs in native communities which included some service to seniors. These are raw expenditure figures and should not be used as estimates of actual government spending. As well, the proportion of programs and funds which provided service to seniors should be regarded as minimum values, as many programs offer service to all citizens, including seniors.

Transportation Services

Alberta Transportation and Utilities, through the Alberta Partnership Transfer Program, assists municipalities in the development of specialized transportation services for senior citizens and the handicapped. Unconditional grants are provided to towns, villages, municipal districts, counties, improvement districts and special areas; the yearly senior/disabled transportation grant is $2.94 per capita, plus an additional $7.84 per capita if the area has a transit system (1988 values). Because this grant is unconditional, the amount actually spent on senior/disabled transportation may be more or less than the amount earmarked by the department. The funds may be used to establish or assist in the establishment of a particular transportation service or the direct subsidization or upgrading of existing taxi/transportation services. Table II-28 shows the program expenditures from 1986/87 to 1988/89.

TABLE II-28
EXPENDITURES FOR TRANSPORTATION GRANTS, ALBERTA, 1986/87 - 1988/89

Year	Cities With Transit	Cities Without Transit	All Other Areas	Total
1986/87	16,251,664 S/D* 4,432,272	238,966	2,247,987	18,738,617
1987/88	16,096,401 S/D* 4,389,926	231,208	2,191,949	18,519,558
1988/89	16,389,383 S/D* 4,469,832	225,395	2,219,171	18,833,949

* Portion of total earmarked for senior/disabled transportation.

Source: Alberta Transportation and Utilities.

B. SERVICES FOR PERSONS WITH SPECIAL NEEDS

Some older persons have functional limitations (physical and/or mental) which hinder their ability to carry out the crucial tasks of daily living. (The Health and Activity Limitation study reports that 47.4 per cent of Albertan seniors have some disability.)[15] Many of these seniors receive help from families and friends, and some through organized services provided by municipal and provincial governments, voluntary organizations and private enterprise. Although there is some voluntary funding and in some instances people pay a fee for the service provided, the greatest source of financial support for these services appears to be public funding.

This section of the report is organized into four parts, according to the type of service provided: community health and support services, residential and care facilities, the Office of the Public Guardian, and lastly, efforts toward coordination in the provision of long-term care services.

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15 Statistics Canada. Health and Activity Limitation Survey: Selected Data for Canada, Provinces, and Territories. Catalogue 41034, May 1988.

Community Health and Support Services

Coordinated Home Care Program

This program, funded in total by Alberta Health (formerly Community and Occupational Health) and delivered by the 27 health units, is the major source of home-delivered health and support services. Basic services include nursing, personal care and homemaker/home-help services. Optional services may include physiotherapy, occupational therapy, speech therapy, respiratory therapy, heavy housework, handyman services, meals-on-wheels, friendly visiting, temporary use of certain equipment, dressings, medications and transportation services (volunteer services). Following a two-week period, clients pay a small fee for the support services (except for those who receive the Guaranteed Income Supplement, Widows' Pension or Social Allowance).

The Coordinated Home Care Program started in 1978. Its growth is evident from data on its increased utilization and funding (see Table II-29). Since 1980, the average caseload and funding have more than tripled.

TABLE II-29
COORDINATED HOME CARE PROGRAM: UTILIZATION AND FUNDING, ALBERTA, 1980/81 - 1988/89

Year	Average Monthly Caseload	Funding* (Millions)
1980/81	4,883	10.5
1981/82	6,497	14.7
1982/83	7,192	16.5
1983/84	7,047	17.3
1984/85	7,763	23.7
1985/86	10,450	26.1
1986/87	11,316	31.9
1987/88	14,926	31.3
1988/89	15,469	36.2

Source: Alberta Health, Coordinated Home Care Program.
*Represents total annualized funding.

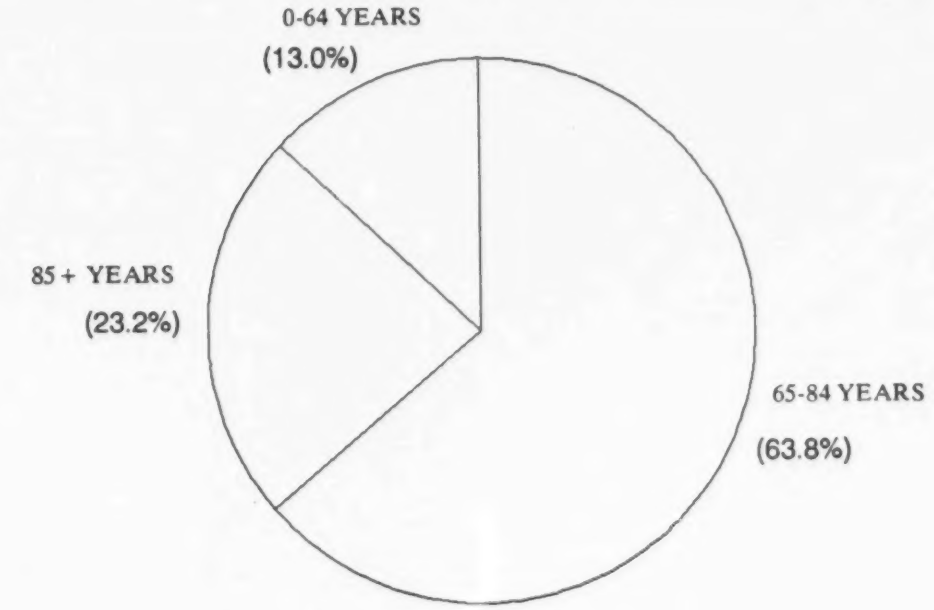
The majority of home care clients have always been older people. Figure II-4 shows the distribution of clients by age group. Persons age 65 + make up 87 per cent of the total caseload. As Table II-30 shows, females make up 70 per cent of the patients age 65 +.

TABLE II-30
COORDINATED HOME CARE PROGRAM: CURRENT CLIENTS AGE 65+ BY AGE AND SEX, ALBERTA, 1987

Age	Male	Female	Total	% of Total Caseload
65-74	1,064	2,533	3,597	23.5
75-84	1,726	4,445	6,171	40.3
85+	1,142	2,405	3,550	23.2
65+ Total	3,932	9,311	13,318	87.0

Source: Alberta Health, Coordinated Home Care Program.

FIGURE II-4
COORDINATED HOME CARE PROGRAM: AGE DISTRIBUTION OF CLIENTS, ALBERTA, MARCH 31, 1987



Source: Alberta Health, Coordinated Home Care Program.

Most clients were referred by physicians, by themselves, by family members or friends, or by staff of facilities. Most were in private dwellings or in general hospitals when referred. In 1986/87, the largest proportion of patients discharged from the program were discharged because they no longer needed the service or because they or their families could manage the care (44 per cent).

The services most often provided by the Coordinated Home Care Program in 1987 were nursing, homemaking and home health aide.[16] Clients may have received more than one type of service.

Table II-31 shows the cost and length of stay statistics for the Coordinated Home Care Program. The largest group of clients are those on the program for more than one year. The average length of stay for this group is 1,026 days. The average length of stay for all clients is 626 days. The total cost per client for providing service is, of course, the highest for those on the program for a year or more. The cost per client for this group is $2,701. The cost per day is the least for this long-term group, at $2.63 per day compared to $9.03 per day for clients 1-10 days on the program.

TABLE II-31
COORDINATED HOME CARE PROGRAM:
COST AND LENGTH OF STAY STATISTICS,
ALBERTA, MARCH 31, 1987

Days on Program	# of Clients (Current)	% of Clients	Cost Per Client	Cost Per Day	Average Length of Stay Days
1-10	261	1.71	49.41	9.03	5
11-30	682	4.46	109.30	5.05	22
31-60	918	6.0	176.80	3.92	45
61-120	1,332	8.7	259.00	2.95	88
121-240	2,057	13.44	481.05	2.72	173
241-365	1,772	11.58	696.63	2.29	305
365+	8,283	54.12	2,701.00	2.63	1,026
[All Groups]	15,305	100.00	1,646.00	2.63	626

Source: Alberta Health, Coordinated Home Care Program.

16 Alberta Health, Coordinated Home Care Program.

Other Support Services

A number of important home-delivered support services for frail, older persons are funded through the Family and Community Support Services Program (FCSS). These programs are dependent on municipal initiative (see description in the section on General Programs). It is estimated that in 1986 the expenditure in provincial dollars for home support was about $11 million, 80 per cent paid by the province and 20 per cent paid by the municipalities or raised locally.

The services included homemaking, outreach and friendly visiting, meals-on-wheels, handyman help, emergency response and home help. In many instances, the Coordinated Home Care Programs contracted with the FCSS programs for these services, which are so crucial in meeting the needs of elderly persons who are frail and disabled. Often the ability of an older person to live "independently" depends on the availability of these non-medical services.

Mental Health Services (Clinics)

Mental health clinics (56 in all) are operated by Alberta Health (formerly Community and Occupational Health) under the direction of the Regional Mental Health offices. Persons age 65 and over represented a small percentage (7 per cent) of all persons served by the mental health clinics. Table II-32 shows the utilization of mental health clinics by age groups for 1985/86 and 1986/87. Seniors represented about 7 per cent of the cases open at the end of the fiscal year, and used 7 per cent of the services.

Source: Alberta Health, Mental Health Services.

Adult Day Programs and Day Hospitals

There are both day hospitals and day support programs. The purpose of the day hospitals is to provide intensive assessment and rehabilitation services, usually on a short-term basis, to persons with physical and/or mental disabilities who are in need of diagnosis, treatment and rehabilitation. The purpose of the day support programs is to maintain people at their optimum level of functioning, and the programs may include planned social and recreational activities, personal care and health surveillance. These programs also assist families who are caring for older persons with physical and/or mental disabilities by providing a period of relief. Both programs primarily serve older persons and may retard or even prevent institutionalization.

There are six programs called day hospitals. They are located at the Fanning, Glenmore and Cross Bow Auxiliary Hospitals in Calgary, the Rosehaven Extended Care Centre (a mental health facility) in Camrose, Dickinsfield

Auxiliary Hospital in Edmonton and at the Youville Hospital (the geriatric assessment and rehabilitation service in Edmonton).

There are a few small adult day support programs operating on a part-time basis in various communities. Edmonton has one full-time and one part-time program, and a program is starting in Calgary.

As the funding for the day hospitals is included in the global budgets of the sponsoring institutions, the exact figures for expenditures for the programs is not known. It was estimated to be $1.6 million in 1983/84.

Residential and Care Facilities

This section on residential and care facilities includes all the different kinds of facilities which provide lodging and some level of support/care for seniors. Included are lodges, other residential facilities, nursing homes, auxiliary hospitals, and other special care facilities.

TABLE II-32
UTILIZATION OF MENTAL HEALTH CLINICS BY AGE GROUP, ALBERTA, 1985/86 AND 1986/87

Year	Age	Open Cases #	%	Face-to-Face Contacts #	%	Hours #	%
1985/86	0-64	6,284	93	103,967	93	107,968	94
	65-74	295	4	4,458	4	3,864	3
	75 +	205	3	3,306	3	3,132	3
	Total	6,784	100	111,730	100	114,964	100
1986/87	0-64	6,885	92.5	114,354	93	117,772	93
	65-74	325	4.5	5,277	4	4,694	4
	75 +	235	3	3,720	3	3,587	3
	Total	7,445	100	123,351	100	120,053	100

Lodges

Lodges are residential facilities providing room and board to senior citizens who do not wish to (or cannot) handle their own housekeeping. The provincial government (Alberta Housing and Mortgage Corporation) builds the lodges which range from 30 to 125 beds in size; 58 municipally appointed boards, called foundations, are responsible for the management and the setting of guidelines and regulations. Municipalities are also responsible for the operating deficits, although above a certain deficit level some funding is available from the Corporation.

As of July 1988, Alberta had 137 lodges with 6,645 beds available for use. (In 1978 there were 111 lodges with 6,069 beds.) There were also 514 cottage units on the grounds of the various lodges. It is of interest that since the beginning of the lodge program, a total of 7,959 beds have been built. However, a number of the double rooms in older lodges are being converted to single rooms, as older people are increasingly expressing a preference for private accommodation.[17]

Lodges are located primarily in the rural areas of the province. There are relatively few in Edmonton and Calgary in proportion to the senior population in these cities.

In January 1988, the overall vacancy rate in lodges was 11.6 per cent.[18] Increased income support, increased subsidized apartment housing and community social and health programs for seniors may well have had an effect on the use of lodges. Some lodges had fairly large numbers of vacancies; others had waiting lists.

There have been several surveys and reports on the lodge program. A survey conducted in 1986[19] found that the average age of residents was 81.3 years. Figure II-5 shows the change in age distribution between 1978 and 1986. Women were 60.4 per cent of the residents; people without spouses comprised 84.5 per cent of the residents (that is, they were widowed, never married, divorced or separated). Twenty-five per cent used physical aids, the major one being a cane. Sixty-three per cent of lodge residents were receiving income supplementation, as compared with 48 per cent of seniors in the province as a whole for that year. Prior to coming to the lodge, 65 per cent had been living with a spouse or living alone, and 19 per cent had been living with other family members. Fifty-four per cent had been living in their own homes, 11.7 per cent renting accommodations privately and 8.8 per cent renting a senior citizen's apartment. Table II-33 shows the reported reasons for entering or vacating a lodge.

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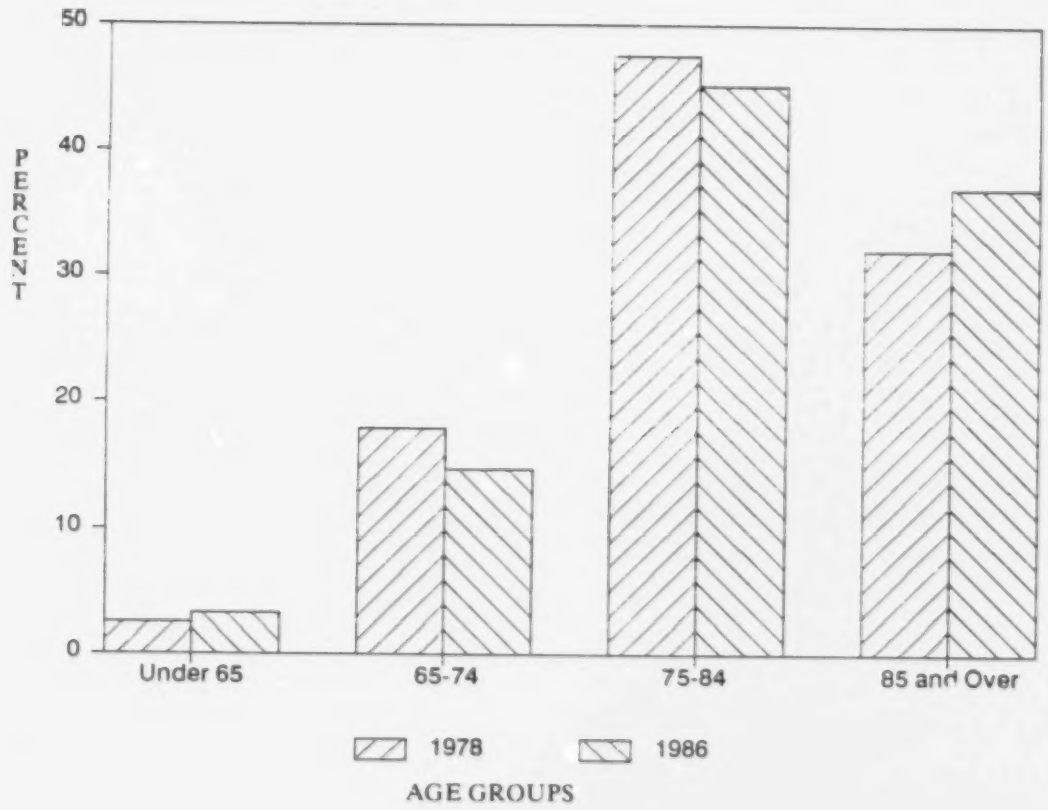
17 Alberta Mortgage and Housing Corporation.

18 Ibid.

19 Alberta Mortgage and Housing Corporation. Summary Findings: Senior Citizen Lodge Program Review. November 1987.

FIGURE II-5
COMPARISON OF THE AGE DISTRIBUTION OF LODGE RESIDENTS, ALBERTA, 1978 AND 1986



Source: Alberta Mortgage and Housing Corporation, Summary Findings: Senior Citizen Lodge Program Review, November 1987.

The Alberta Health Facilities Review Committee conducted a survey of the lodges and concluded in its 1982 report:

> This survey makes it clear that the role of lodges today is not the role that was intended when they were first established two decades ago. Lodge residents do not simply need housing, housekeeping and meals. Now, in addition to these services, they frequently need help with their basic health care needs.

TABLE II-33
REASONS FOR ENTERING AND VACATING A LODGE, ALBERTA, 1986

Reason	Per Cent
A. Reasons for Moving into a Lodge	
Minor health problems	35.8
Inability to maintain home	19.0
Loneliness	13.3
Problems preparing meals	9.1
Inadequate support of friends/relatives	7.6
Other	15.2
	100.0
B. Reasons for Vacating a Lodge	
Greater medical care required	37.66
Death	23.91
Greater personal care required	8.15
Improved functioning	5.47
Nearer family/friends	4.56
Greater supervision required	3.35
Offensive behavior	2.55
Seasonal	1.52
Other reasons	12.83
	100.00

Source: Alberta Mortgage and Housing Corporation, Summary Findings: Senior Citizen Lodge Program Review, November 1987.

The majority of lodges have at least 10 per cent of residents needing help with medications and/or with bathing. As well, one third of lodges have at least 10 per cent of residents assessed and waiting for nursing homes or auxiliary hospitals. These numbers seem likely to increase in the future.[20]

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20 Alberta Health Facilities Review Committee. Survey of Alberta Senior Citizens Lodges, June 1982. The 1985 Report of the Committee has a discussion paper on the lodge program.

Table II-34 shows the proportion of lodge residents receiving personal care assistance in 1978 and 1986. In 1986, 52 per cent were receiving such help.

TABLE II-34
PERCENTAGE OF LODGE RESIDENTS RECEIVING PERSONAL CARE ASSISTANCE, ALBERTA, 1978 AND 1986

Type of Care	Year	
	1978 %	1986 %
Bathing	12.2	30.8
Mobility	7.5	8.5
Grooming	3.7	3.4
Dressing	2.9	3.2
Eating	1.4	1.9
Toileting	0.4	1.1
Total Receiving Assistance	28.1	52.1

Source: Alberta Mortgage and Housing Corporation, Summary Findings: Senior Citizen Lodge Program Review, November, 1987.

As of April 1988, the maximum charge for a lodge resident was $533 a month for a large single room, $456 per month for a single room, and $410 each for a shared double room. Maximum rates are set by order-in-council of the provincial cabinet.

The 1986/87 capital budget for the lodge program was $6.5 million. The operating deficit was $13.3 million (63.2 per cent paid by municipalities, 36.8 per cent by provincial government).[21]

Other Residential Facilities - Unique Homes

Alberta has a number of residential facilities which are owned and operated by non-profit organizations, which provide a level of care between that of lodges and nursing homes. These vary in size and level of care. As of 1988, eight of these unique homes received assistance under the Unique Homes Assistance Program, Alberta Municipal Affairs, which was established in 1979. The majority of the 326 residents of the unique homes in 1988 were 75 years of age and older (76 per cent), 17 per cent were 65 to 74, and 7 per cent under age 65. The cost to residents of unique homes was generally higher than that

21 Alberta Mortgage and Housing Corporation.

for lodges, reflecting the higher level of care in some cases and also the different level of public funding received by the lodges.

The expenditures for this program have grown from $268,020 in 1979/80 to $561,402 in 1987/88.[22]

Nursing Homes

Nursing homes provide room, board and a low level of care for residents:

> Nursing homes provide supervised, personal care for persons who are not ill enough to require hospitalization in a general or auxiliary hospital, but require assistance in coping with activities of daily living. There are three kinds of nursing home ownership in Alberta: private, voluntary and district. Under the Alberta Nursing Home Plan, eligible Alberta residents receive per diem benefits in those homes which are under contract with the Minister of Hospitals and Medical Care to provide care under the terms and provisions of the Nursing Homes Act.[23]

As of March 31, 1987, there were 88 contract homes with 7,868 beds. They were operated under different jurisdictions (34 by private enterprise, 14 by voluntary organizations and 40 by district boards). They varied in size from 20 to 248 beds. The average percentage occupancy in nursing homes in 1985/86 was 97.6 per cent. (This figure was unavailable for 1986/87.)[24]

Seven homes operated by private enterprise, seven by religious organizations and 29 by Nursing Home and Auxiliary Hospital Districts qualified for accreditation from the Canadian Council on Hospital Accreditation in 1984/85.[25]

Over the period 1980/81 to 1988, the average age of residents in nursing homes has increased. The age group 65 and over comprised 91.4 per cent of the total nursing home population in 1980/81 and 94.2 per cent in 1988. The percentage for the age group 85 and over increased from 41.7 per cent in 1980/81 to 46.8 per cent in 1988. Women made up about two-thirds of the nursing home patients in 1988 (69.2 per cent), an increase from 64.6 per cent in 1981 (see Table II-35).

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22 Alberta Municipal Affairs, Unique Homes Assistance Program.
23 Alberta Hospitals and Medical Care, Annual Report, 1986-87.
24 Ibid.
25 Ibid.

Source: Alberta Hospitals and Medical Care, Annual Reports, 1980-81, 1984-85; Alberta Health, unpublished data from the Patient Classification

TABLE II-35
NURSING HOME RESIDENTS: DISTRIBUTION BY AGE GROUP AND SEX, ALBERTA, MARCH 31, 1981, 1985 AND SEPTEMBER-OCTOBER, 1988

Age	Male		Female		Total	
	#	%	#	%	#	%
1981						
< 65	291	4.1	317	4.5	608	8.6
65-74	453	6.4	573	8.1	1,026	14.5
75-84	854	12.1	1,632	23.1	2,486	35.2
85 +	902	12.8	2,040	28.9	2,942	41.7
TOTAL 65 +	2,209	31.3	4,245	60.1	6,454	91.4
ALL AGES	2,500	35.4	4,562	64.6	7,062	100.0
1985						
< 65	267	3.5	301	4.0	568	7.5
65-74	469	6.2	625	8.3	1,094	4.5
75-84	976	12.9	1,766	23.4	2,742	36.3
85 +	882	11.7	2,272	30.1	3,154	41.7
TOTAL 65 +	2,327	30.8	4,663	61.7	6,990	92.5
ALL AGES	2,594	34.3	4,964	65.7	7,558	100.0
1988						
< 65	205	2.8	223	3.0	428	5.8
65-74	375	5.1	559	7.5	934	12.6
75-84	811	10.9	1,782	24.0	2,593	34.9
85 +	970	13.1	2,506	33.7	3,476	46.8
TOTAL 65 +	2,156	30.8	4,847	69.2	7,003	94.2
ALL AGES	2,361	31.8	5,070	68.2	7,431	100

Study conducted September and October, 1988.

Of the residents in nursing homes in 1988, 68.1 per cent were widowed, 18.3 per cent married and 13.6 per cent never married. Looking at their preferred language, it was found that 79.6 per cent indicated English, 6.4 per cent Ukranian, 4.1 per cent German, 2.3 per cent French, 1.1 per cent Chinese, and 6.4 per cent other languages.[26]

In 1986/87, 52.1 per cent of the admissions to nursing homes were from general hospitals and 21.0 per cent from private homes. Of the separations, 26 per cent were due to death, 33 per cent were transfers to general hospitals, and only 12.1 per cent were discharges to private homes or lodges. Table II-36 shows the sources of patients admitted and the destination of patients discharged in 1986/87.

TABLE II-36
DISTRIBUTION OF NURSING HOME RESIDENTS BY ADMISSION SOURCE AND DISCHARGE DESTINATION, ALBERTA, 1986/87

Source/Destination	Admitted From		Discharged to	
	#	%	#	%
Active Treatment Hospital	1,683	52.1	1,055	33.0
Auxiliary Hospital	195	6.0	542	16.9
Mental Health Facility	53	1.6	46	1.4
Other Nursing Home	255	7.9	268	8.4
Lodge	336	10.4	70	2.2
Own Home with Home Care Service	247	7.6	76	2.4
Own Home without Home Care Service	431	13.3	242	7.6
Other	30	0.9	71	2.2
Death	-	-	828	25.9
Total	3,230	100%	3,198	100%

Source: Alberta Health, unpublished data.

As of January 1, 1987, residents of nursing homes paid $14 a day for a standard room, $16.50 for a semi-private room and $20.25 for a private room. The provincial per diem subsidy per patient was $39 for homes with up to 45 beds, $37.50 for homes with 46 to 90 beds and $36 for homes with 90 and over beds.

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26 Alberta Health, unpublished data.

The public expenditures for operating support for nursing homes are shown in Table II-37; in 1986/87 the expenditure for nursing homes was $125.7 million.[27]

TABLE II-37
NURSING HOMES: NUMBER OF BEDS, AVERAGE PERCENT OCCUPANCY, AND TOTAL EXPENDITURES, ALBERTA, 1984/85 - 1986/87

Year	Beds	Average Occupancy %	Expenditure** $ Million
1984/85	7,694	97.6	110.5
1985/86	7,815	97.6	111.1
1986/87	7,868	-*	125.7

* Figure not available.
** Includes operating and capital expenditures.

Source: Alberta Hospitals and Medical Care, Annual Reports, 1984-85 to 1986-87.

Auxiliary Hospitals

> Auxiliary hospitals provide care and treatment for patients with long-term or chronic illnesses, who require a less intensive level of care than is provided in general hospitals. For some patients, treatment results in rehabilitation to a point where they are able to return to the community or transfer to a nursing home or other residential facility. For others, nursing and medical care is provided for an extended period.[28]

There were 4,272 beds in 46 auxiliary hospitals as of March 31, 1987. Most of the auxiliary hospitals are operated by voluntary organizations and district boards; one is under municipal and two others are under provincial government authorities.[29]

As of September/October 1988, 4,826 patients were in the auxiliary hospitals. Eighty-five (85.7) per cent of the patients were age 65 and over and 39.5 per cent were age 85 and over; 62.6 per cent were women and 37.4 per cent were men (see Table II-38). Fifty-seven (56.8) per cent were widowed, 30 per cent

27 Alberta Hospitals and Medical Care, Annual Report, 1986-87.
28 Alberta Hospitals and Medical Care, Annual Report, 1986-87.
29 Ibid.

married and 13.2 per cent had never married. English was the preferred language of 78.9 per cent, followed by Ukrainian (7.5 per cent), German (3.9 per cent), French (2.1 per cent), and Chinese (1.0 per cent); 6 per cent indicated other languages.[30]

TABLE II-38
AUXILIARY HOSPITAL PATIENTS: DISTRIBUTION BY AGE GROUP AND SEX, ALBERTA, MARCH 31, 1981, 1985, AND SEPTEMBER-OCTOBER, 1988

Age Group	Male #	Male %	Female #	Female %	Total #	Total %
1981						
< 65	293	8.6	305	9.0	598	17.6
65 - 74	248	7.3	299	8.8	547	16.1
75 - 84	452	13.3	620	18.3	1,072	31.6
85 +	332	9.8	849	25.0	1,181	34.8
TOTAL 65 +	1,032	30.4	1,768	52.0	2,800	82.4
ALL AGES	1,325	39.0	2,073	61.0	3,398	100.0
1985						
< 65	388	9.8	372	9.4	760	19.2
65 - 74	317	8.0	391	9.9	708	17.9
75 - 84	479	12.1	892	22.5	1,371	34.6
85 +	330	8.3	793	20.0	1,123	28.3
TOTAL 65 +	1,126	28.4	2,076	52.4	3,202	80.8
ALL AGES	1,514	38.2	2,448	61.8	3,962	100.0
1988						
< 65	350	7.3	338	7.0	688	14.3
65 - 74	340	7.0	356	7.4	696	14.4
75 - 84	624	12.9	910	18.9	1,534	31.8
85 +	582	12.1	1,326	27.5	1,908	39.5
TOTAL 65 +	1,546	32.0	2,592	53.7	4,138	85.7
ALL AGES	1,896	39.3	2,930	60.8	4,826	100.0

Source: Alberta Hospitals and Medical Care, Annual Reports, 1980/81, 1984/85; Alberta Health, unpublished data from the Patient Classification study conducted September and October, 1988.

30 Alberta Health, unpublished data.

As of 1986, three auxiliary hospitals had special units for older people with special problems (dementia): Bethany Centre in Calgary; Lynnwood in Edmonton; and Queen Elizabeth in Grande Prairie.[31]

Auxiliary hospital patients do not have to pay a resident charge for the first 60 days of care; this is because some patients are in auxiliary hospitals for a brief period of rehabilitation and must, during that time, maintain their own households. After 60 days they are charged $14 a day for a standard room and $20.25 for a private room, rates as of January 1, 1987.

As would be expected, the total expenditures for auxiliary hospitals increased between 1985/86 and 1986/87, from $179.9 million to $199.8 million.[32]

The province is moving towards the integration of nursing homes and auxiliary hospitals into one long-term care facility system in which there would only be "long-term care centres". This would mean that facilities could provide for a wider range of resident care requirements, and individuals would not always need to move when their care requirements change. One step towards this integration is the implementation on April 1, 1989 of a patient classification based funding system for nursing care costs. All nursing home and auxiliary hospital residents will be classified once a year according to their care level. This information will be used as the basis for funding so that facilities with heavier care on average will receive more funding for nursing care than facilities with lighter overall care requirements.

The first province-wide classification was conducted in the fall of 1988. Of the 7,431 nursing home residents classified, 51.3 per cent required light care, 38.6 per cent required medium care and 10.2 per cent required heavy care. Of the 4,826 auxiliary hospital residents classified, 10.9 per cent required light care, 33.4 per cent required medium care and 55.7 per cent required heavy care.

The Appendix explains the various categories of light, medium and heavy care:

Although older individuals use a large proportion of the patient days, there is as yet only one major specialized centre providing assessment and rehabilitation for older persons who have multiple problems requiring the skills of a multidisciplinary team. The geriatric assessment and rehabilitation hospital (Youville) attached to Edmonton General Hospital, which opened in

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31 Alberta Hospitals and Medical Care, Annual Report, 1986-87.
32 Alberta Hospitals and Medical Care, Annual Reports, 1985-86, 1986-87.

April 1982, is the first of its kind in the province that provides this type of service.

Other Special Care Facilities

The two mental hospitals, Alberta Hospital (Ponoka) and Alberta Hospital (Edmonton), operating under boards and relating to the Department of Health, have some patients in the 65-and-over age group. In 1986/87 there were 1,072 beds, including 379 beds designated for psychogeriatric care (212 beds in Edmonton, 167 beds in Ponoka). It is interesting to note that while only a small percentage of the mental health clinic caseload was with the elderly, persons age 65 and over accounted for 10.5 per cent of the separations and used about one-third of the patient days in these two hospitals in 1986/87. Table II-39 shows the separations, days stay, and average length of stay for mental health hospitals, broken down by age and sex. Here males made up 69 per cent of the separations and used 66 per cent of the patient days.[33]

The user charge after 60 days is $14 a day for a patient admitted on a voluntary basis.

There are three long-term care institutions (called extended care centres) for persons with varying degrees of mental dysfunctioning. Operated by Mental Health Services, Alberta Health, they are Rosehaven Care Centre in Camrose, Claresholm Care Centre in Claresholm and Raymond Home in Raymond.

In March 1987 they had a total of 481 patients; 73 per cent (352 persons) were age 65 and over, 46 per cent (222 persons) were female, and 54 per cent were male.[34] The 1987/88 estimate of expenditures for the three centres was $17.3 million.[35] (In 1982/83 there were 422 persons age 65 and over in these centres, and the total expenditure was $15.8 million.)[36]

In 1986, 12 former residents of Raymond Home were living in a cooperative housing project in Raymond. Raymond Home was also operating a day program for which there was no charge. Rosehaven Centre had a day hospital program (33 persons daily) for which there was no charge. It had six beds for respite care for which the charge was $14 a day, as well as a short stay and

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33 Alberta Health, unpublished data.
34 Alberta Health, Mental Health Services.
35 Government of Alberta: 1988-89 Government Estimates.
36 Senior Citizens Bureau, Older Albertans, 1986, 1987.

assessment unit. Claresholm Care Centre included two seniors in its day program and there was no charge to users.

TABLE II-39
MENTAL HEALTH HOSPITALS: SEPARATIONS, DAYS STAY, AND AVERAGE LENGTH OF STAY BY SEX AND AGE GROUP, ALBERTA, 1986/87

Age and Sex		Separations		Days Stay		Average Length of Stay (Days)
		#	%	#	%	
0-64	M	1,478		174,733		118.2
	F	611		65,834		107.7
	T	2,089	89.5	240,567	67.2	115.2
65-74	M	70		22,303		318.6
	F	52		14,305		275.1
	T	122	5.2	36,608	10.2	300.1
75-84	M	43		23,697		551.1
	F	49		31,846		649.9
	T	92	3.9	55,543	15.5	603.7
85 +	M	15		17,197		1,146.5
	F	15		8,007		533.8
	T	30	1.3	25,204	7.0	840.1
Total	M	128		63,197		
65 +	F	116		54,158		
	T	244	10.5	117,355	32.8	
Total	M	1,606		237,930		148.2
All	F	727		119,992		165.1
Ages	T	2,333	100%	357,922	100%	153.4

Source: Alberta Health, unpublished data.

Michener Centre, an institution in Red Deer for mentally retarded persons, is operated by Alberta Social Services. In 1988 it had 144 residents age 65 and over, comprising 12 per cent of the total residents.[37]

37 Alberta Social Services.

Office of the Public Guardian

The Office of the Public Guardian is administered under Alberta Social Services. It provides, through the Dependent Adult Act, a legal means of support and protection by a guardian for a person 18 years of age or over who is unable to care for her/himself, unable to make reasonable judgments in respect to all or any of the matters relating to her/his person, and is in need of a guardian. The appointment of a guardian must be made by the Surrogate Court of Canada. The Office of the Public Guardian was established in 1978 and has five regions: Northern, Central, Michener, Calgary and Southern.

The figures presented here on the number and type of dependent adults, must be interpreted as general estimates only, due to problems inherent in the reporting system. Data from 1987[38] indicate that there were 3,279 persons age 65 and over in Alberta who had been declared dependent adults; 647 were under the public guardian and 2,632 had private guardians. These older persons made up 47.6 per cent of the 6,887 dependent adults in Alberta. The vast majority of these seniors had been declared dependent adults due to "diseases of the aging process." Table II-40 shows the residential status of dependent adults in 1987 by age 18 to 64 and age 65 plus and by type of guardianship.

Figure II-6 shows the number of dependent adults with public and private guardians. As can be seen, the larger proportion have private guardians (about three-quarters).

In 1986/87 the Office provided grants to 10 voluntary organizations and one municipality for a total of $208,033. The Community Involvement Programs in all of these agencies provided support to guardians and potential guardians of the elderly. Three of the funded agencies dealt primarily with individuals who provide care and support to the elderly: the Society for the Retired and Semi-Retired, the Alzheimer Society for Lethbridge and Area, and the Volunteer Centre of Calgary. The funding for Community Involvement Programs run by these three agencies was $85,635.

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38 Office of the Public Guardian.

TABLE II-40
RESIDENTIAL STATUS OF DEPENDENT ADULTS, ALBERTA, 1987

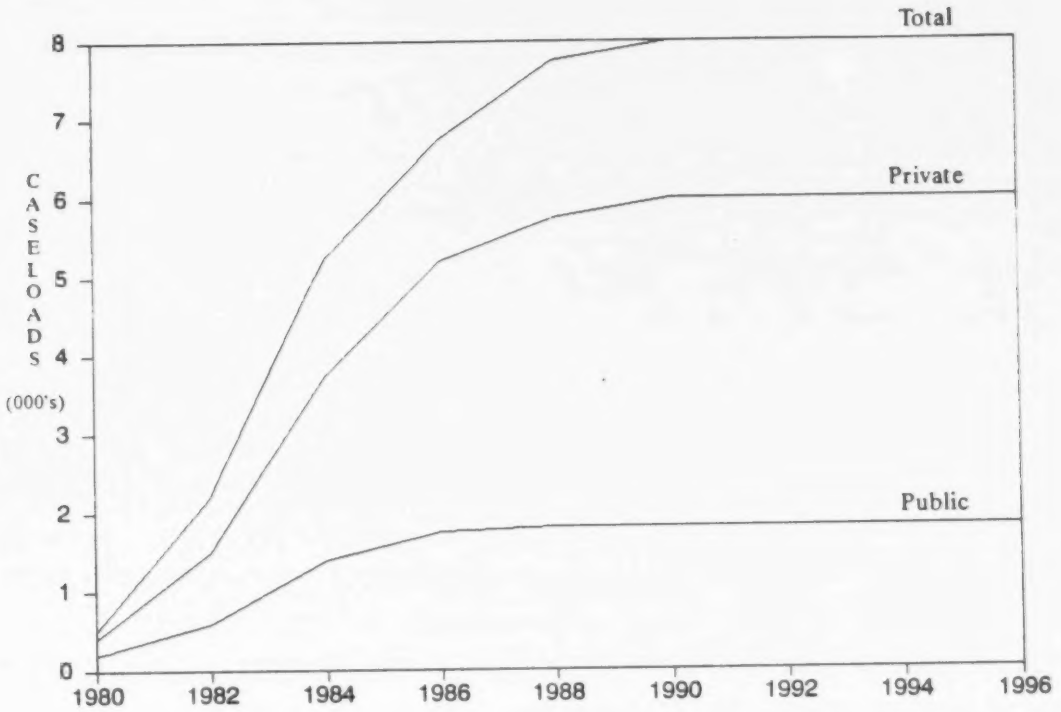
Age	Institutions	Community	Total
Public Guardianship			
18-64	763 (71%)	318 (29%)	1,081 (100%)
65 +	612 (95%)	35 (5%)	647 (100%)
Total	1,375 (80%)	353 (20%)	1,728 (100%)
Private Guardianship			
18-64	1,103 (44%)	1,424 (56%)	2,527 (100%)
65 +	2,261 (86%)	371 (14%)	2,632 (100%)
Total	3,364 (65%)	1,795 (35%)	5,159 (100%)
Total			
18-64	1,866 (52%)	1,742 (48%)	3,608 (100%)
65 +	2,873 (88%)	406 (12%)	3,279 (100%)
Total	4,739 (69%)	2,148 (31%)	6,887 (100%)

Institutions: Nursing homes, auxiliary hospitals, active treatment hospitals, institutions.

Community: Lodges, own homes, family homes, room and board, approved homes, group homes, shelters, jail, no fixed address, others.

Source: Alberta Social Services, Office of the Public Guardian.

FIGURE II-6
PRIVATE AND PUBLIC GUARDIANS, ALBERTA, 1980 - 1996 (PROJECTIONS)



Source: Alberta Social Services, Office of the Public Guardian.

Efforts Toward Coordination in the Provision of Long-Term Care Services

Within the past five years, as the result of recommendations made to the provincial government (particularly in the 1982 Report of the Nursing Home Review Panel),[39] an effort has been made to increase coordination in the planning and delivery of home care, day care/day hospitals, nursing homes and auxiliary hospitals which are often referred to as "long-term care services" or "continuing care." (It should be noted, however, that these services are also available and used appropriately on occasion on a short-term basis.)

The provincial government established the Interdepartmental Committee on Long-Term Care which consists of senior officials from the departments of Health, Municipal Affairs, Social Services, and the Alberta Mortgage and Housing Corporation. These departments (with the exception of Social Services) are responsible for the Coordinated Home Care Program, lodges, nursing homes and auxiliary hospitals. The services are delivered through local boards with varying degrees of autonomy; voluntary organizations and private enterprise bodies are also involved.

Through the cooperation and involvement of local boards, the Interdepartmental Committee on Long-Term Care is testing a model for coordinated assessment and placement services for long-term care.[40] The two pilot areas are the Foothills Health Unit and Calgary (the area covered by Calgary Auxiliary Hospital and Nursing Home District #7, now called Carewest). The period of testing was two years (1986-1988).

A single point of entry, with one point of contact within an area for long-term care services, is the objective. It is felt that this greater coordination will reduce confusion for older people and their families, eliminate the duplication that now exists and ensure that all options have been explored in providing older people with appropriate help.

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39 Alberta Hospitals and Medical Care, Report and Recommendations, Alberta Nursing Home Review Panel, March 1982.

40 The model is described in the paper, "An Assessment/Placement Model for Long-Term Care Services," Approved by the Interdepartmental Committee on Long-Term Care, October 1984 (edited January 1985). Also being developed and tested are an assessment and placement tool and a patient classification tool. Assisting in this pilot testing of the model are the Health Unit Association of Alberta, the Alberta Hospital Association and the Alberta Long-Term Care Association.

In February, 1988 a report, "A New Vision for Long Term Care -- Meeting the Need," was released. It was prepared by a government-appointed committee chaired by a member of the legislative assembly and contained many recommendations for future directions for long term care services.

III. PROVINCIAL STRUCTURES AND ASSOCIATIONS

Provincial Government Structures

Alberta Senior Citizens Secretariat

The Alberta Senior Citizens Secretariat was established in late 1975 and at that time was called the Senior Citizens Bureau. Its mandate was announced in the Speech from the Throne in January 1975:

> to act as an information centre and assist in the planning and coordinating of programs and services.

In 1986, the government placed the Secretariat (then with a staff of five) under the responsibility of a member of the legislative assembly who reports through the Minister of Social Services. This step was taken in order to ensure responsiveness to the concerns and interests of senior citizens and senior citizens' organizations.

The Secretariat has three main functions:

1. to gather and provide information relating to seniors;

2. to provide consultation services and temporary grants; and

3. to assist in the planning and coordination of policies and programs relating to older people.

In its information function, the Secretariat provides information about benefits and services for seniors, about the aging process and the needs of older people and work with older people, as well as population, service utilization and expenditure data relating to the elderly.

The Secretariat responds to telephone and written requests and publishes a variety of informational materials -- for example, an annual booklet, Programs for Seniors, a newsletter called Fact Sheet every two months, and Older Albertans, a "profile" of the elderly with population and service utilization data published every two years. Each year there are usually a number of papers

published which are of interest to older people and to those working with seniors.[41]

In 1988/89, there were 10,116 requests for information, most of which were handled on the telephone and half of which required the mailing of information materials. Other than requests for general information, income support, housing and health benefits were the major concerns. Figure III-1 shows the general increase in requests since 1981/82 (from 4,262 to 10,116), and Figure III-2 shows the monthly pattern of requests in 1988/89.

A number of services and program initiatives on the part of senior citizens' organizations and community services working with seniors have been made possible through the consulting and temporary grant support from the Secretariat. Temporary grants for special projects, education in gerontology and research on aging have been provided. In 1988/89, a total of $244,797 was provided in grants, including the annual operating grant to the Alberta Council on Aging. Table III-1 shows the funding provided in grants from 1979/80 to 1988/89.

The Secretariat also works with various government departments which have responsibility for programs relating to older people, assisting in the planning and coordination of policies and programs. It convenes an Interdepartmental Coordinating Committee on Senior Citizens which meets about six times a year for the purpose of information sharing. Also, it assists with the work of the Interdepartmental Committee on Long-Term Care (see Section II for a description of the work of this Committee).

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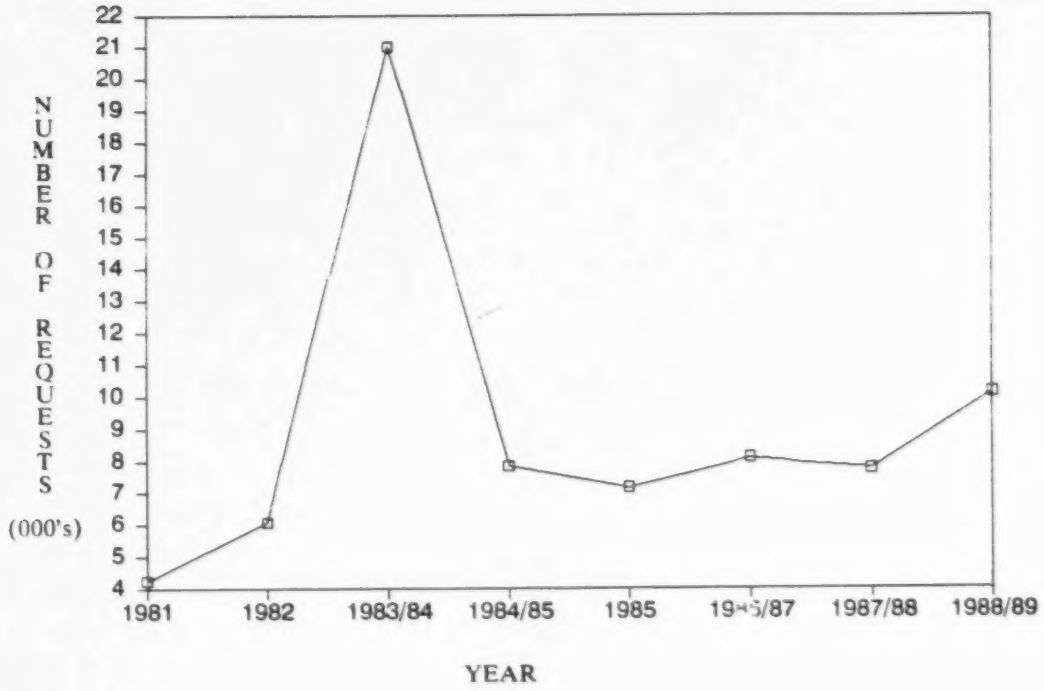
41 In addition to the papers already mentioned in the footnotes, the Secretariat has published a programs booklet for Native seniors; a paper discussing issues relating to Native seniors; the booklet Programs for Seniors translated into French, Ukrainian, German and Chinese; kits: "Understanding and Working with Older People" and "Guidelines for Senior Centres;" a pamphlet on elder abuse and neglect, and other shorter papers. A list of publications is available from the office.

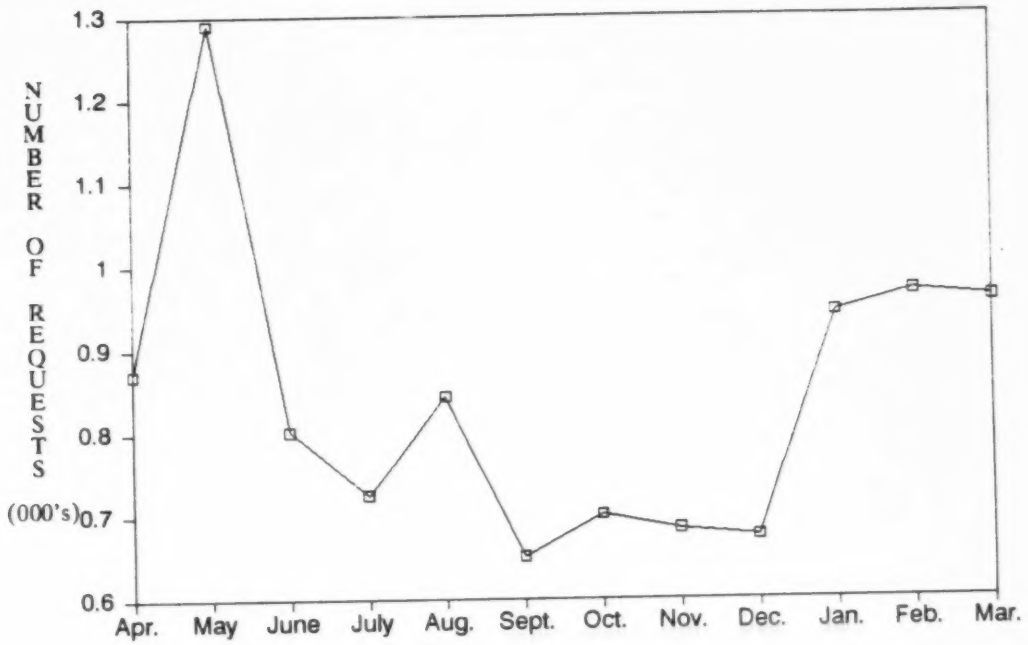
FIGURE III-1
ALBERTA SENIOR CITIZENS SECRETARIAT
INFORMATION REQUESTS*, 1981 - 1988/89



* The large number of requests in 1983 resulted from special advertising by another agency of the Secretariat's Programs for Seniors booklet.

Source: Alberta Senior Citizens Secretariat.

FIGURE III-2
ALBERTA SENIOR CITIZENS SECRETARIAT
MONTHLY INFORMATION REQUESTS, 1988/89



Source: Alberta Senior Citizens Secretariat.

TABLE III-1
ALBERTA SENIOR CITIZENS SECRETARIAT: FUNDING PROVIDED IN GRANTS, 1979/80 - 1987/88

Year	Amount of Funding
1979/80	246,491
1980/81	262,943
1981/82	324,500
1982/83	374,040
1983/84	341,000
1984/85	301,055
1985/86	344,482
1986/87	246,769*
1987/88	311,161
1988/89	244,797

*Grants were frozen as of the middle of November in line with the fiscal restraint program of the Government.

Source: Alberta Senior Citizens Secretariat.

Provincial Senior Citizens Advisory Council

The Alberta Senior Citizens Secretariat also provides the staff services for the Provincial Senior Citizens Advisory Council, established in 1976. The chairman of the council is the member of the legislative assembly who is responsible for the Secretariat, and the members of the council are mainly senior citizens appointed by the minister of Social Services. The council's major purpose is to provide advice to the government on programs and services for the elderly; it submits an annual report containing recommendations to the government.

The council has been particularly concerned about the need for an expanded and comprehensive home care program and about the need for greater coordination of the services used by older persons with special needs, advocating a single point of entry for these services. It has also been concerned about the education of persons working with older people, about housing and about an adequate income support and pension system.

In June 1982, the council sponsored the Alberta Symposium on Aging, which brought together knowledgeable Albertans, including retired persons, to discuss issues relating to older persons. The proceedings of this symposium, which contains a variety of comments and observations, were published. Since June of 1986 the council has spearheaded an annual provincial Senior Citizens Week.

Provincial Associations

The Alberta Council on Aging (ACA)

The Alberta Council on Aging is a province-wide organization of senior citizens, senior citizen centres, and individuals interested in aging. Founded in 1966, the council is concerned with the process of aging and improving the situation of older people; it encourages active senior participation in the development of policy and programs in health care, the arts, education, senior centres, community development, transportation, crime prevention and education. Its monthly newsletter keeps people up to date on issues relevant to seniors.

The council has sponsored many projects, and since 1986 has been involved in the Senior Consultants' Program (seniors assisting seniors' groups) which has been supported by funding from the Wild Rose Foundation, New Horizons and the Alberta Senior Citizens Secretariat. It also sponsored the "Fully Alive" project which, with a grant from Health and Welfare Canada, trained retired persons to do health promotion work with seniors. In 1988 it participated in a survey of senior centres in Alberta.

A number of research projects sponsored by the council, for example in 1974 "The Continuum of Care for Senior Adults in Alberta," have led to improvements in services for older people. On a continuing basis, the council monitors developments relating to seniors, researches and develops papers and briefs and, as appropriate, submits briefs to all three levels of government. With funding primarily from Health and Welfare Canada, the council sponsored a major demonstration/research project ("Project Involvement") which examined ways of involving seniors effectively in their communities. One of its major involvements now is supporting and promoting the "One Voice" movement, a national coalition of seniors.

The council receives its basic operating grant from the Alberta Senior Citizens Secretariat and raises additional funds through donations and through conducting pre-retirement seminars and workshops. As of 1988, the council had a membership of 1,626 individuals and 370 organizations, primarily senior citizens' organizations.

The address of the council is Room 501, 10506 Jasper Avenue, Edmonton, Alberta, T5J 2W9.

Canadian Pensioners Concerned (Alberta Division)

Pensioners Concerned (Alberta Division) is a part of a national organization, Canadian Pensioners Concerned. Chapters were started in Alberta in 1970. Membership is open to individuals, seniors citizens' groups and organizations.

Pensioners Concerned concentrates its activities specifically in the area of financial concerns and problems of pensioners, as the members feel that the area of finances requires specialized attention. To achieve its aims, Canadian Pensioners Concerned becomes involved in researching areas of need, anomalies, discrepancies and general financial interest related to older people. It monitors legislation passed or proposed and makes its findings known by briefs and presentations to whichever government is involved. Its work is carried on by volunteers. It receives donations from members and the community and on occasion has received some help from the federal government New Horizons program. A newsletter is published four times a year. The address is 3626 - 113 Avenue, Edmonton, Alberta, T5W 0P8.

Alberta Pensioners and Senior Citizens Organization

This Alberta organization was founded in Lethbridge in 1942 and is a member of the National Pensioners and Senior Citizens Federation. It is concerned about pensions and other issues affecting the elderly.

The organization has 22 local chapters, with memberships ranging from 50 to 200 persons. These chapters meet regularly and hold an annual provincial meeting at which resolutions are proposed, voted on and forwarded to appropriate bodies. The address is P.O. Box 10, Picture Butte, Alberta, T0K 1V0.

Alberta Association on Gerontology (AAG)

Started in 1980, the Alberta Association on Gerontology (AAG) is a voluntary organization of persons interested in aging and in older people. Many of its 269 members (as of 1988) are working with the elderly.

Its major purposes are information exchange, education, the promotion of research and increasing public awareness of issues related to gerontology. The association publishes a quarterly newsletter (February, May, August and November). There are four main committees: research, outreach, publications and public relations. A major project since 1986 is the Substance Abuse Project, carried out in cooperation with the Alberta Alcoholism and Drug Abuse Commission.

Each year the association sponsors a provincial workshop in conjunction with its annual meeting. In 1988 there was a symposium which dealt with rehabilitation of the elderly. Regional workshops are also held. The association receives ad hoc grants to support these educational programs and raises funds through registration and memberships.

The address of the association is c/o Centre for Gerontology, P220, Biological Sciences, University of Alberta, Edmonton, Alberta, T6G 2E9.

Alberta Senior Citizens Sport and Recreation Association

The Senior Citizens Sport and Recreation Association was formed in 1980 with the purpose of promoting and supporting recreation and fitness development for adults age 55 and over. It promotes a healthy lifestyle for older adults which emphasizes the profitable use of leisure time.

Branches exist in each of the eight Alberta games zones where senior volunteers promote, develop and organize playoff activities leading to each Alberta Seniors' Games. The last was held in Vermilion, and over 1,000 seniors participated in 23 different sports events. The association co-sponsors these games with the Alberta Sport Council. Participation and sport development is encouraged not only for the Seniors' Games, but on a continuing basis.

With grants from Alberta Recreation and Parks, the association provides leadership workshops, instructional demonstrations and resource people to develop and promote a variety of games and a range of other recreational activities, such as performing arts. A monthly newsletter keeps members up to date. As of November 1988, there were 4,653 individual members, 423 club members (representing an estimated 17,900 persons), and 29 associate members (municipal parks and recreation departments, branches of the Royal Canadian Legion, corporate members, etc.).

The major thrusts for coming years are to promote a winter games for seniors in odd years (the summer games are in even years) and to initiate a national seniors' summer games in 1991.

The association obtains operating funds from the Alberta Sport Council, Alberta Recreation and Parks, and through fund-raising activities, including donations and membership dues. Its address is #890, Alberta Place, 1520 - 4th Street, S.W., Calgary, Alberta, T2R 1H5.

Alberta Interfaith Coalition on Aging

The purpose of the Alberta Interfaith Coalition on Aging is to give support and encouragement "to our respective communities of faith in their response to the spiritual and social well-being of the older adult."[42]

The coalition started in June 1977 when a small group of people met in Edmonton to plan a seminar for the religious community related to aging and older people. From the seminar, the Edmonton Interfaith Committee on Religion and Gerontology was formed. The committee, in the following years, sponsored a number of workshops and seminars. On July 28, 1982, the coalition was incorporated as a provincial body with the purpose of developing a province-wide organization which would provide education programs and leadership development, resource material and a speakers bureau. The coalition also has an advocacy role and encourages dialogue and outreach to all groups working with the elderly. It stresses that the spiritual concerns of older persons are important to their well-being and health.

The coalition holds annual conferences, the latest on "faith communities." The coalition continues to assist in developing regional workshops and also distributes information on aging to religious congregations. There is a board of 20; the membership consists of about 100 individuals and groups. The address for the coalition is P.O. Box 8143, Station F, Edmonton, Alberta, T6H 4N9.

Alberta Gerontological Nurses Association (AGNA)

The Alberta Gerontological Nurses Association was formed in 1982 as an interest group of the Alberta Association of Registered Nurses. Its purpose is to educate nurses about aging and the needs of older people and to encourage them to act as advocates for older people. Regional workshops are held, and through the organization there is an exchange of information and mutual support. AGNA is affiliated with the Canadian Gerontological Nurses Association.

Membership is open to all registered nurses, and associate membership is available to retired and graduate nurses. As of 1988, about 200 nurses were members. The address is c/o the Alberta Association of Registered Nurses, 11620 - 168 Street, Edmonton, Alberta, T5M 4A6.

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42 Alberta Interfaith Coalition on Aging, from "Seniors Alive!" Conference 2, The Caring Community Proceedings, June 13-15, 1984, Edmonton, Alberta.

Alberta Society for Geriatric Medicine

The Alberta Society for Geriatric Medicine was incorporated in November 1983. Its purposes are: (1) to improve the quality of care of the elderly; (2) to increase education for physicians in relation to geriatric medicine; (3) to facilitate research in relation to the needs of the elderly; and (4) to act as a resource for information for provincial and federal government planning bodies.

Membership in the society (now 80) is open to all physicians. One-day workshops are held once or twice a year, at which time scientific papers are presented. In 1988, members of the society taught a gerontology course entitled "Biophysical Aspects of Aging" through the Faculty of Extension at the University of Calgary. As well, the society offers cash awards to medical students submitting the best paper on some topic in geriatric medicine.

The address of the Secretary-Treasurer of the Society is: 1228 Kensington Road, N.W., Calgary, Alberta, T2N 4P9.

Major Local Organizations

The major senior citizens centres have an influential role. In addition to working with the Alberta Council on Aging and other organizations, they also deal frequently with issues concerning seniors, presenting briefs to local, provincial and federal governments. They have been involved with the One Voice movement coordinated by the Alberta Council on Aging and have assisted in the local organization of this movement.

Of particular note are the Society for the Retired and Semi-Retired in Edmonton, Kerby Centre in Calgary, the Lethbridge Senior Citizens Organization, the Veiner Centre in Medicine Hat, and the Golden Circle in Red Deer. In Calgary the Senior Citizens Central Council, consisting of representatives of senior groups, has also been involved in information provision and advocacy.

APPENDIX

DESCRIPTION OF PATIENT CLASSIFICATION CATEGORIES

Light Care (A)

Residents have little or no functional impairment and require minimal supervision, although they may require a supportive environment to function at their potential level. They may or may not have some incontinence problems (but not both bowel and bladder).

POSSIBLE EXAMPLES: Residents being prepared for discharge to independent living; who require supervision to prevent deterioration in their condition; who are low care but have potential for medical complications or regression if discharged; with limited mental impairment that decreases their ability to live independently, but without major behavioural concerns.

Light Care (B)

Residents fall in two clusters: 1) those with little or no functional impairment but with some behavioural problems, or 2) those with some functional impairment and no or few behavioural problems. Higher behavioural impairment is offset by low functional impairment and vice versa. Residents may or may not have some incontinence problems (but not both bowel and bladder).

POSSIBLE EXAMPLES: Residents in the early stages of a degenerative disease; minor physical handicaps that require restorative rehabilitation; mild cognitive impairment that might be associated with early Alzheimer's Disease or mild mental retardation.

Medium Care (C)

Residents fall in three clusters, which represent different combinations of functional and behavioural strengths or problems: 1) lowest functional problems with highest behavioural problems, 2) some functional problems with fairly high behavioural problems, or 3) medium functional problems with no or some behavioural problems. Residents may or may not have some incontinence problems (but not both bowel and bladder).

POSSIBLE EXAMPLES: Residents in the early stage of multiple sclerosis who require little physical care but are

emotionally labile; stroke patients with moderate physical deficits who need emotional support.

Medium Care (D) This is the "swing" category in that it includes the largest number of combinations of functional, behavioural and incontinence strengths or problems. This category includes those residents whose combined functional and behavioural problems would have put them in Category A, B, or C but who are in Category D because they are incontinent of both bowel and bladder. In addition, residents with no or only occasional incontinence are include in Category D if they have: 1) relatively few functional problems with very high behavioural problems, 2) medium level of functional problems with relatively high behavioural problems, or 3) relatively high functional problems with no or up to relatively high behavioural problems.

POSSIBLE EXAMPLES: Paraplegics requiring retraining for bowel and bladder control; residents with Parkinson's Disease or Huntington's Chorea, depending on the stage of the degenerative process and their adjustment to it.

Medium Care (E) Residents fall in four clusters: 1) relatively low functional problems with single/double incontinence and very high behavioural problems, 2) medium functional problems with either single/double incontinence and relatively high behavioural problems, or no to low incontinence with very high behavioural problems, 3) relatively high functional problems with single/double incontinence and no or up to relatively high behavioural problems, 4) highest level of functional problems with no or up to relatively high behavioural problems but no incontinence.

POSSIBLE EXAMPLES: Very frail, confused elderly; alcoholics with Korsakoff's syndrome; brain injured; severely handicapped arthritic; old stroke patient.

Heavy Care (F) Includes primary residents with heavy physical care requirements (those with the highest functional problems and some or up to double incontinence problems). Also included are residents with very high behavioural problems with either relatively high functional impairment (but no

incontinence) or medium functional impairment with single/double incontinence.

POSSIBLE EXAMPLES: Residents with advanced dementias or relatively late stages of neurological diseases.

Heavy Care (G) Includes only residents with both the highest level of behavioural problems and relatively high or the highest level of functional impairments. Those with lower than the highest level of functional impairment must have some incontinence although those with the highest level of functional impairment are in Category G even without incontinence problems.

POSSIBLE EXAMPLES: Residents with advanced neurological diseases such as multiple sclerosis, or dementia severe enough to require two people to provide physical care (dressing, toileting, etc.).

Note: The examples of patient types are not intended to be an exhaustive list. As well, specific diagnoses are not identified with specific categories. Instead, residents with similar diagnoses can be found in all categories, depending on the severity of their functional impairment. That is, the combination of the resident's 1) stage in the disease process, 2) stage in the rehabilitation process, and 3) adjustment to their functional limitation will determine nursing care requirements and placement in the classification categories.

Source: Alberta Health